

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000004169

1. Entity Name

MCII FINANCIAL SERVICES, INC.

FILED

May 24, 2000 8:00 am
Secretary of State

05-24-2000 90196 040 ***150.00

Principal Place of Business

Mailing Address

9787 CLIFFORD DRIVE
DALLAS TX 75220
US

9787 CLIFFORD DRIVE
DALLAS TX 75220
US

001802



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

75-2722411

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	FLORES, RAFAEL G	
STREET ADDRESS	TLACOQUEMECATL NO. 41, COL. DEL VALLE	
CITY-ST-ZIP	03100 MEXICO, D.F.	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	SHYMANSKI, SHARON	
STREET ADDRESS	9787 CLIFFORD DRIVE	
CITY-ST-ZIP	DALLAS TX 75220	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	MATTHEWS, RONALD S	
STREET ADDRESS	10 E. GOLF ROAD	
CITY-ST-ZIP	DES PLAINES IL 60016	
TITLE	S	<input type="checkbox"/> Delete
NAME	NALEPKA, TIMOTHY	
STREET ADDRESS	10 E. GOLF ROAD	
CITY-ST-ZIP	DES PLAINES IL 60016	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAUSMAN, GERALD	
STREET ADDRESS	10 E. GOLF ROAD	
CITY-ST-ZIP	DES PLAINES IL 60016	
TITLE	D	<input type="checkbox"/> Delete
NAME	CORTEZ, GAMALIEL G	
STREET ADDRESS	TLACOQUEMECATL NO. 41, COL. DEL VALLE	
CITY-ST-ZIP	03100 MEXICO, D.F.	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>See attached list</i>
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 697, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)