

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90526 017 ***150.00

DOCUMENT # L11962

1. Entity Name

MCF SYSTEMS ATLANTA, INC.



Principal Place of Business
**5351 SNAPPINGER WOODS DRIVE
DECATUR GA 30035
US**

Mailing Address
**5353 SNAPPINGER WOODS DR
DECATUR GA 30035
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2966975

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RUBIN, STEVEN D
2200 MUSEUM TOWER
150 WEST FLAGLER STREET
MIAMI FL 33130**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **MOSLEY, SIGMUND**
STREET ADDRESS **945 E PACES FERRY RD, STE 2450**
CITY-ST-ZIP **ATLANTA GA**

TITLE **O** ☐ Change ☒ Addition
NAME **Losurdo, Robert F.**
STREET ADDRESS **1724 Willard Way**
CITY-ST-ZIP **Snellville, GA 30078**

TITLE **D** ☐ Delete
NAME **MENDEZ, CHARLES E. JR.**
STREET ADDRESS **5351 SNAPPINGER WOODS DRIVE**
CITY-ST-ZIP **DECATUR GA**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **FLECK, STEVEN WARREN**
STREET ADDRESS **5353 SNAPPINGER WOODS DR**
CITY-ST-ZIP **DECATUR GA**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

12. 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

CR2E034 (10/02)