

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000091072

1. Entity Name
MCVALL CORP.

FILED
Feb 28, 2002 8:00 am
Secretary of State

02-28-2002 90022 048 ***150.00

0338492 AV

Principal Place of Business 1890 NW 82 AVE SUITE WH-1 MIAMI FL 33126	Mailing Address 1188 FALLS BOULEVARD WESTON FL 33327
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2. Principal Place of Business 1188 Falls Blvd	3. Mailing Address 1304 SW 160th Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite # 353

City & State Weston, Florida	City & State Sunrise, Florida
Zip 33327	Zip 3336
Country USA	Country USA

4. FEI Number 65-1044280	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES FL 33134
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCCARTHY, NARDA L 1188 FALLS BOULEVARD WESTON FL 33327 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCCARTHY, MICHAEL P 1188 FALLS BOULEVARD WESTON FL 33327 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MCCARTHY, PETER P 1188 FALLS BOULEVARD WESTON FL 33327 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCCARTHY, MICHAEL E 1188 FALLS BOULEVARD WESTON FL 33327 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCCARTHY, NARDA V. 1304 SW 160 Ave Suite # 353 SUNRISE, FL 33326 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCCARTHY, MICHAEL P. 1304 sw 160 ave suite #353 SUNRISE, FL 33326 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MCCARTHY, PETER, P. SUNRISE, FL 33326 1304 SW 160 Ave, Suite # 353 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCCARTHY, MICHAEL, E. 1304 SW 160 ave Suite # 353 Sunrise, fl 33326 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 607, 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: Michael P. McCarthy, President 14 Feb 2002
SIGNATURE OR PRINTED NAME OF REGISTERED AGENT, OFFICER OR DIRECTOR 954 294 8894 Daytime Phone #

CP2E034 (9/01)