

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000091072

1. Entity Name

MCVALL CORP.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 OCT -9 PM 12:07

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1304 SW 160th AVE

3. Mailing Address
1304 SW 160th AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE: 353

STE: 353

City & State

City & State

SUNRISE, FL

SUNRISE, FL

Zip

Country

Zip

Country

33326

33326

400023977154
10/21/03--01087--007 **150.00

DO NOT WRITE IN THIS SPACE

[Signature]

FEI Number 65-1044280

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name MICHAEL P. MCCARTHY

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

1304 SW 160th AVE. STE: STE: 353

City SUNRISE

FL

Zip Code
33326

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]

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

(NOTE: Registered Agent signature required when reinstating)

10/8/03

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
(P/D) NARDA L. MACCARTHY
1304 SW 160th AVE. STE: STE: 353
SUNRISE, FL 33326

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
(V/D) MICHAEL P. MACCARTHY
1304 SW 160th AVE. STE: STE: 353
SUNRISE, FL 33326

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(V/D) MICHAEL E. MACCARTHY
1304 SW 160th AVE. STE: STE: 353.
SUNRISE, FL 33326

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/8/03

Date

Daytime Phone #

CR200348 (12/02)

MCVALL CORP.

TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

I NEVER RECEIVED ANY NOTICE FROM YOUR OFFICE FOR 2003 UNIFORM BUSINESS REPORT. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME.

CORDIALLY,


MICHAEL P MACCARTHY
VICE-PRESIDENT