

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

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90064 016 ***150.00

DOCUMENT # P01000003412

1. Entity Name

MCO Financial Services Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1840 SW 22nd St. 4th Floor

3. Mailing Address

P.O. Box 4096

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Miami, FL

City & State

Clearwater, FL

4. FEI Number

59-3689240

Applied For

Not Applicable

Zip

33145

Country

USA

Zip

33758

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Spiegel + Utrera, P.A.

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

1840 SW 22nd St. 4th Floor

City Miami

FL

Zip Code

33145

**DO NOT WRITE
IN THIS SPACE**

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.

Spiegel + Utrera, P.A.

SIGNATURE

Natasha Utrera, Vice President

(NOTE: Registered Agent signature required when reinstating)

DATE

4/24/02

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

President
MAX Ralph
1840 SW 22nd St. 4th Floor
Miami, FL 33145

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Max Ralph

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/02

Date

Daytime Phone #

CR2E034B (12/01)