

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Aug 18, 2003 8:00 am
Secretary of State

08-18-2003 90170 028 ***150.00

DOCUMENT # P01000030543

1. Entity Name
MCO PRODUCTS, INC.



Principal Place of Business
**1135 N.W. 136TH COURT
MIAMI, FL 33182**

Mailing Address
**1135 N.W. 136TH COURT
MIAMI, FL 33182**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number
65-1085763

Applied
Not Applicable

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

**ABRAMSON, EDWARD J ESQ.
7270 N.W. 12TH STREET
SUITE 580
MIAMI, FL 33126**

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

1135 NW 136th Ct.

City **Miami** FL Zip Code **33182**

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 reissuing)

DATE

**FILE NOV 11/2003 FEE IS \$150.00
After May 1/2003 Fee will be \$650.00
Amended UBR is \$81.25
Make Check Payable to Florida Department of State.**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** Monthly
Added to Fees.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**PD
HERNANDEZ, MANUEL
1135 N.W. 136TH COURT
MIAMI, FL 33182** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

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CITY-STATE-ZIP ☐ Change ☐ Addition

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CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

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

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 reports 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 addresses, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)

Attachment
10111072

August 8, 2003

Florida Department of State
Division of Corporations
Reinstatement Section
409 E. Gaines Street
Tallahassee, FL 32399

Re: MCO Products, Inc.
P01000030543
Uniform Business Report - 2003

To whom it may concern:

The following letter is to inform you that we did not receive an annual business report in order to renew the articles of incorporation for 2003. We ask that you please consider this and exempt my company from the penalty. Attached is a check in the amount of \$150.00 for the renewal.

Thanking you in advance for your cooperation.

Sincerely,


Manuel Hernandez
President
MCO Products, Inc.