

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)****FILED**
May 15, 2003 8:00 A.M.
Secretary of State

DOCUMENT # P02000029757			
1. Entity Name MCM MORTGAGE CONSULTANTS INC.			
Principal Place of Business 16401 BLATT BLVD 205 WESTON, FL 33326		Mailing Address 16401 BLATT BLVD 205 WESTON, FL 33326	
2. Principal Place of Business 16523 SAPPHIRE ST. Suite, Apt. #, etc.		3. Mailing Address 16523 SAPPHIRE ST. Suite, Apt. #, etc.	
City & State WESTON FL		City & State WESTON, FL	
Zip 33331	Country USA	Zip 33331	Country USA

per phone conversation with
ms. murillas corrections made to
2003 UBR report - 545-03
☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent MURILLAS, MARY C 16401 BLATT BLVD 205 WESTON, FL 33326		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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Murillas* **4/1/03**
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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE ☒ P NAME STREET ADDRESS CITY-ST-ZIP MURILLAS, MARY C 16401 BLATT BLVD 205 WESTON, FL 33326	☐ Delete	TITLE ☒ P NAME STREET ADDRESS CITY-ST-ZIP MARY C. MURILLAS 16523 SAPPHIRE ST. WESTON FL 33331	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE ☒ T NAME STREET ADDRESS CITY-ST-ZIP Carlos A. Murillas 16523 Sapphire Street Weston, FL 33331	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-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 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.

SIGNATURE: *Murillas* **MARY C. MURILLAS** **4/01/03 (954) 394 4463**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/02)