

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

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90119 007 ***150.00

DOCUMENT # *P02000030579*

1. Entity Name

MCLIPS, CORP.

DO NOT WRITE IN THIS SPACE

90081994

2. Principal Place of Business

4508 SW 160 AVE

Suite, Apt. #, etc.

APT 736

3. Mailing Address

4508 SW 160 AVE

Suite, Apt. #, etc.

APT 736

DO NOT WRITE IN THIS SPACE

City & State

MIRAMAR, FLORIDA

City & State

MIRAMAR, FLORIDA

4. FEI Number

03-0427275

Applied For

Not Applicable

Zip

33027

Country

BROWARD

Zip

33027

Country

BROWARD

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

CARLA ANEZ

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

4508 SW 160 AVE # 736

City

MIRAMAR

FL

Zip Code

33027

**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.

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) ☐

January 1 - May 1, Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

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
*DV
HUMBERTO GONZALEZ
4508 SW 160 AVE # 736
MIRAMAR, FL 33027*

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
*DP
CARLA ANEZ
4508 SW 160 AVE # 736
MIRAMAR, FL 33027*

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
*DS
ANGELA GONZALEZ
4508 SW 160 AVE # 736
MIRAMAR, FL 33027*

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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**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)(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 on an attachment with an address, with all other like empowered.

SIGNATURE:

(Signature)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-03

Date

Daytime Phone #

CR2E034B (12/01)