

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 NOV -1 PM 12:12

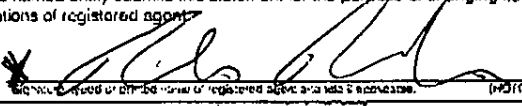
DOCUMENT # P08000096082	
1. Entity Name MC NAM ASSISTANCE CORP	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1000 W MC NAM ROAD Suite, Apt., etc. SUITE # 210 City & State POMPANO BEACH FL Zip 33069-4719		3. Mailing Address 1000 W MC NAM ROAD Suite, Apt., etc. SUITE # 210 City & State POMPANO BEACH FL Zip 33069-4719		4. FEI Number 27-0622422		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required							

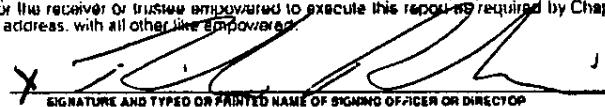
DO NOT WRITE IN THIS SPACE		7. Name and Address of Current Registered Agent	
		Name RICHARD ROBINSON JR	
		Street Address (P.O. Box Number is Not Acceptable) 120 E. OAKLAND PK BLVD	
		City FT LAUDERDALE FL Zip 33334	

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 		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
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			

10. OFFICERS AND DIRECTORS			
TITLE PRESIDENT	NAME RICHARD ROBINSON JR	TITLE	
STREET ADDRESS 120 E OAKLAND PK BLVD	STREET ADDRESS	NAME	
CITY-STATE-ZIP FT LAUDERDALE FL 33334	CITY-STATE-ZIP	STREET ADDRESS	
		CITY-STATE-ZIP	
		TITLE	
		NAME	
		STREET ADDRESS	
		CITY-STATE-ZIP	
		TITLE	
		NAME	
		STREET ADDRESS	
		CITY-STATE-ZIP	
		TITLE	
		NAME	
		STREET ADDRESS	
		CITY-STATE-ZIP	

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 reflected 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 807, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: 	DATE: APR 1 2010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

CR20348 (12/02)