

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 09, 2000 8:00 am**  
**Secretary of State**  
 05-09-2000 90133 024 \*\*\*150.00

**DOCUMENT #** P08239  
**Entity Name**  
 MCO INDUSTRIES, INC.

**Principal Place of Business**  
 Road 183. KM5  
 San Lorenzo, Puerto Rico  
 00754

**Mailing Address**  
 P.O. Box 1264  
 San Lorenzo, PR  
 00754

**Principal Place of Business**  
 Suite, Apt. #, etc.  
 City & State  
 Zip

**3. Mailing Address**  
 Suite, Apt. #, etc.  
 City & State  
 Zip

**4. FEI Number**  
 66-0347081

**Applied For**  
☐ Not Applicable

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
 Crowell, Patrick C.  
 320 N. Magnolia Avenue  
 B-9  
 Orlando, Florida 32801

**7. Name and Address of New Registered Agent**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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** \_\_\_\_\_ (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)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	McComas, John	P.O. Box 158 N/A	Maunabo, PR 00707	<input type="checkbox"/>
TD	McComas de Miro, Nilda	P.O. Box 1264 N/A	San Lorenzo, Puerto Rico 00754	<input type="checkbox"/>
SD	Rodriguez, Rene	P.O. Box 1264 N/A	San Lorenzo, Puerto Rico 00754	<input type="checkbox"/>
ATD	Miranda, Angel M.	P.O. Box 1264 N/A	San Lorenzo, Puerto Rico 00754	<input type="checkbox"/>
AS	Nevarez, Andres	P.O. Box 158 N/A	Maunabo, Puerto Rico 00707	<input type="checkbox"/>
D	McComas, Hugh	P.O. Box 1264 N/A	San Lorenzo, Puerto Rico 00754	<input type="checkbox"/>

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

**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 Block 12 if changed, or on an attachment with an address, with all other line empowered.**

**SIGNATURE:** \_\_\_\_\_ **4-21-00** **407-886-5004**  
 \_\_\_\_\_ **Hugh G. McComas** **Date** **Daytime Phone #**

CR2E034 (9/99)