## 2002 UNIFORM BUSINESS REPORT (UBR)

## P93000031688 **DOCUMENT #**

1. Entity Name MCPOH, INC. Principal Place of Business Mailing Address FILED
May 08, 2002 8:00 am
Secretary of State
05-08-2002 90010 036 \*\*\*150.00

Suite, Api. #, etc.    Suite, Api. #, etc.   Suite, Api. #, etc.   Suite, Api. #, etc.   Covy & State   A. FEI Number	201 ALHAMBI SUITE 711 CORAL GABL US		201 ALHAMBRA CIRCLE SUITE 711 CORAL GABLES FL 33134 US								
City & State    Country   Country   Country   Country   State   State	2. Principal Place of Business		3. Mailing Address					<b>48</b> 511 <b>40101</b> 1	ALDE HAND BILL	1 1070 L 1011 1006 - 1	
Zip   Country   Zip   Country   Zip   Country   St. Certificate of Status Desired   St. Additional research agent   St. Certificate of Status Desired   St. Certificate   St	Suite, Apt.	#, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
Zip   Country   Zip   Country   Sp. Centricate of Status Desired   Sea.75 Additional Fee Required   Fee Requi	City & State	9	City & State			4. (	4. FEI Number 65-0407050				
Name   Street Address (P.O. Box Number is Not Acceptable)   Street Address (P.O. Box Number is Not Acceptable)	Zip	Country Zip Cour		Country	/	5. (	5. Certificate of Status Desired				
ZERO 34 REGISTRATION CORP. 201 ALHAMBRA CIR STE 711  CORAL GABLES FL 33134  City FL Zip Code  Code Citides on Deck No.  City FL Zip Code		6. Name and Address of Current	Registered Agent			7. 8	Name and Address of New Reg	istered A	gent		
201 ALHAMBRA CIR STET 711 CORAL GABLES FL 33134  8. The above named entity submits this statement for the purpose of changing its registered effice or registered agent, or both, in the State of Florida.  SIGNATURE    Signature, typed or prince name of ingitizered agent and their applicable.   (NOTE frequenced Agent signature agriculture inspired when remarked when				Name							
STE 711 CORAL GABLES FL 33134  City FL Zip Code  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 Porida.  SIGNATURE  9. This corporation is eligible to satisfy its intangible Task fling corporation is eligible to satisfy statintangible (See criteria on back)  THE COPPLIES AND DIRECTORS  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN THE NAME STREET ADDRESS  OTH'S ST.20  OTHER COPY ST.20  OTHER COPPLIES AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  THE NAME STREET ADDRESS  OTH'S ST.20  OTH'S ST.20  ORAL GABLES FL  OTH'S ST.20  OTH'S ST.20  ORAL GABLES FL  OTH'S ST.20  ORAL GABLES FL  OTH'S ST.20  ORAL GABLES FL  OTH'S ST.20  OTH'S ST.20			Street Addres		s (P.O. E	(P.O. Box Number is Not Acceptable)					
## CORAL GABLES FL 33134  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.    Signature   Signature   Signature symbol printed name of registered agent and title if explicable.   CNOTE Registered Agent symbol printed agent and title if explicable.   CNOTE Registered Agent symbol printed agent and title if explicable.   CNOTE Registered Agent symbol printed agent and title if explicable.   CNOTE Registered Agent symbol printed agent and title if explicable.   CNOTE Registered Agent symbol printed agent and title if explicable.   CNOTE Registered Agent symbol printed agent and title if explicable.   CNOTE Registered Agent symbol printed agent and title if explicable.   CNOTE Symbol printed agent agent and title if explicable.   CNOTE Symbol printed agent agent and title if explicable.   CNOTE Symbol printed agent		IMBRA CIR		_							
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											
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, types or primate name of registered agent and title 4 applicables. **OCTE: Registered Agent ultynature required when nonstarry)**  DATE  9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   See criteria or back)   Signature and elects to do so.   See criteria or back)   Signature and elects to do so.   See criteria or back)   Signature and elects to do so.   See criteria or back)   Signature and elects to do so.   See criteria or back)   Signature and elects to do so.   See criteria or back)   Signature and elects to do so.   See criteria or back)   Signature and elects to do so.   See criteria or back)   Signature and elects to do so.   See criteria or back)   Signature and elects to do so.   See criteria or back)   Signature and elects to do so.   See criteria or back)   Signature and elects to do so.   Signature and elects to so.   Signature and elects to do so.   Signature and	CORAL GABLES FL 33134				City			FL	Zip Cod	le .	
Sypation, lyed or printed name of registered agent and tile if applicable. (NOTE-Registered Agent signature registered Agent registered Agent signature registered Agent registered Age	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.										
After May 1, 2002 Fee will be \$550.00  (See criteria on back)   S.00 May Bee Added to Fees Added to	SIGNATURE _	Signature, typed or printed name of registered agent a	nd title if applicable. ' (NOTE	: Registered A	gent signature requ	ired when re	einstating)	DATE			
TITLE MAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET	Tax filing requirement and elects to do so After Ma			y 1, 2002 Fee will be \$550.00							
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRES	11.	1. A. I.	DIRECTORS	12.		AD	DITIONS/CHANGES TO OFFIC	ER\$ AND (	DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRE	NAME STREET ADDRESS	MCGUIRK, JAMES 201 ALHAMBRA CIRCLE, SUITE I		NAME STREET					☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP  TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS	TITLE NAME STREET ADDRESS	VSD POHLIG, FRANCIS M. 201 ALHAMBRA CIRCLE, SUITE 1		TITLE NAME STREET	ADDRESS				☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS	NAME STREET ADDRESS		☐ Delete	NAME STREET					Change	Addition	
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NAME STREET ADDRESS NAME STREET ADDRESS	NAME Street address		☐ Delete	NAME Street					Change	Addition	
CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  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	NAME STREET ADDRESS CITY-ST-ZIP	ertify that the information supplied with		NAME STREET CITY-ST	r-ZIP	Section 1	119.07(3)(i). Florida Statutes I fu				

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 like empowered.

**SIGNATURE:** 

Daytime Phone #