

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000052648

1. Entity Name

MCB MAIL SERVICES, INC.

**FILED**  
**May 23, 2000 8:00 am**  
**Secretary of State**

05-23-2000 90190 042 \*\*\*150.00

Principal Place of Business

222 LAKEVIEW-W AVE  
160  
W. PALM BEACH FL 33417  
US

Mailing Address

2786 TENNIS CLUB DRIVE  
SUITE 108  
W. PALM BEACH FL 33417-2891

2. Principal Place of Business

3. Mailing Address

2532 COAKLEY POINT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
W Palm Beach FL

4. FEI Number

65-0503547

Applied For

Not Applicable

Zip

Country

Zip

Country

33411

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BECK, CHARLES F  
2786 TENNIS CLUB DRIVE  
SUITE 108  
W. PALM BEACH FL 33417

Name

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

2532 COAKLEY POINT

City

W Palm Beach

FL

Zip Code

33411

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)

**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  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
DP	BECK, SANDRA	2786 TENNIS CLUB DRIVE, #108	W. PALM BEACH FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
DVP	BECK, CHARLES F	2786 TENNIS CLUB DRIVE, #108	W. PALM BEACH FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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 like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/20/00

(561)

835-9791