

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90044 028 ***150.00

0385013

DOCUMENT # P95000080383

1. Corporation Name
MCM BUSINESS INC.

Principal Place of Business
1605 SANDY RIDGE DR
R-202
TAMPA FL 33603
US

Mailing Address
1605 SANDY RIDGE DR
R-202
TAMPA FL 33603
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/19/1995

4. FEI Number 65-0613623
Applied For
Not Applicable

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

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

8. This corporation owes the current year intangible Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business
21 8615 HERONS COVE PL.
Suite, Apt. #, etc.
22 TAMPA, FLORIDA
City & State
23
Zip 33647 Country U.S.A.
24
25
2a. Mailing Address
26 8615 HERONS COVE PL.
Suite, Apt. #, etc.
27
City & State
28 TAMPA, FL 33647
Zip 33647 Country USA
29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHAIFUZZAMAN, S M
1605 SANDY RIDGE DR., R-202
TAMPA FL 33603

81 Name SHAIFUZZAMAN, S M
82 Street Address (P.O. Box Number is Not Acceptable)
83 8615 HERONS COVE PL.
84 City TAMPA FL 85 Zip Code 33647

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable. (NOT Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
TITLE PD
NAME SHAIFUZZAMAN, S M
STREET ADDRESS 1605 SANDY RIDGE DR., R-202
CITY-ST-ZIP TAMPA FL
TITLE
NAME
STREET ADDRESS
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CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE P.D.
1.2 NAME SHAIFUZZAMAN, S M
1.3 STREET ADDRESS 8615 HERONS COVE PL.
1.4 CITY-ST-ZIP TAMPA, FL 33647
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.073(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address, with a different like empowered.

SIGNATURE: S.M. SHAIFUZZAMAN 4-15-99 (813) 632-9506
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)