

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000011714

1. Entity Name

MCM TRANSPORT INC.

Principal Place of Business

1760 SW 1ST CT  
HOMESTEAD FL 33030  
US

Mailing Address

1760 SW 1ST CT  
HOMESTEAD FL 33030  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0739656

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CLARO, MANUEL A  
1760 SW 1ST CT  
HOMESTEAD FL 33030

7. Name and Address of New Registered Agent

Name

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

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 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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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

TITLE	P	<input type="checkbox"/> Delete
NAME	GARCIA, MANUEL F	
STREET ADDRESS	1760 SW 1ST CT	
CITY - ST - ZIP	HOMESTEAD FL 33030	
TITLE	T	<input type="checkbox"/> Delete
NAME	GARCIA, ELIZABETH	
STREET ADDRESS	1760 SW 1ST CT	
CITY - ST - ZIP	HOMESTEAD FL 33030	
TITLE	S	<input type="checkbox"/> Delete
NAME	GARCIA, IRIS	
STREET ADDRESS	1760 SW 1ST CT	
CITY - ST - ZIP	HOMESTEAD FL 33030	
TITLE	V	<input type="checkbox"/> Delete
NAME	MANUE, CLARO A	
STREET ADDRESS	1760 SW 1ST CT	
CITY - ST - ZIP	HOMESTEAD FL 33030	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARCIA, ELIZABETH	
STREET ADDRESS	1760 SW 1ST CT	
CITY - ST - ZIP	HOMESTEAD FL 33030	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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 REQUIRED Manuel F Garcia

Date

Daytime Phone #

305-242-2449



DO NOT WRITE IN THIS SPACE

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CR2E034 (5/00)