

2001 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



DO NOT WRITE IN THIS SPACE

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

7. Name and Address of New Registered Agent

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

Name Garcia, Manuel F

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

1760 SW 1ST CT
Homestead, FL 33030

City Homestead FL Zip Code 33030

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 Manuel A Claro Vice president

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

March 13, 2001

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, 2001 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 P
NAME GARCIA, MANUEL F
STREET ADDRESS 1760 SW 1ST CT
CITY-ST-ZIP HOMESTEAD FL 33030 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE T
NAME GARCIA, ELIZABETH
STREET ADDRESS 1760 SW 1ST CT
CITY-ST-ZIP HOMESTEAD FL 33030 ☐ Delete

TITLE Gonzalez, Elizabeth ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S
NAME GARCIA, IRIS
STREET ADDRESS 1760 SW 1ST CT
CITY-ST-ZIP HOMESTEAD FL 33030 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE V
NAME MANUE, CLARO A
STREET ADDRESS 1760 SW 1ST CT
CITY-ST-ZIP HOMESTEAD FL 33030 ☒ Delete

TITLE Caridad Garcia ☐ Change ☒ Addition
NAME
STREET ADDRESS 1760 SW 1ST CT
CITY-ST-ZIP Homestead, FL 33030

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 13, 2001

Date

305-242-2949

Daytime Phone #

CP2E034 (10/00)

0490578