

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000016820**1. Entity Name
MCN INTL., INC.**FILED****May 02, 2001 8:00 am**
Secretary of State

05-02-2001 90007 046 ***150.00

Principal Place of Business
**6793 E COLONIAL DRIVE
ORLANDO FL 32807
US**Mailing Address
**6793 E COLONIAL DRIVE
ORLANDO FL 32807
US**2. Principal Place of Business
Suite, Apt. #, etc.3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number **59-3426747**Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required.**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**7. Name and Address of New Registered Agent****NGUYEN, MIKE
2262 WESTBOURNE DRIVE
OVIEDO FL 32765**

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 \$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	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
	D	NGUYEN, MIKE	6793 E. COLONIAL DRIVE ORLANDO FL 32765	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	P	TANG, CHRISTINE	6793 E. COLONIAL DRIVE ORLANDO FL 32807	<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 *X*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 4-19-01

Date

Daytime Phone #

CR2E034 (10/00)