2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

P97000105700 DOCUMENT

1. Entity Name

MCR REAL ESTATE CORPORATION



Principal Place of Business Mailing Address 1818 N.E. 8TH STREET 1818 N.E. 8TH STREET FT LAUDERDALE FL 33304 FT LAUDERDALE FL 33304 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country

May 01, 2003 8:00 am & Secretary of State

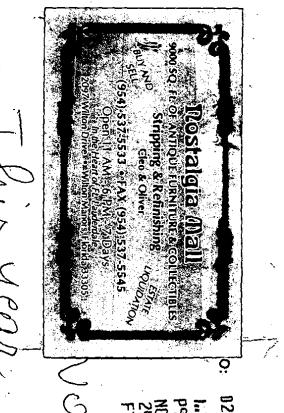
05-01-2003 90259 016 ***300.00

☐ CHECK HERE IF MAKING CHANGES 4. FEI Number Applied For 65-0800071 Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RENAUT, CLEO M Street Address (P.O. Box Number is Not Acceptable) 1818 N.E. 8TH STREET FT LAUDERDALE FL 33304 Zip Code City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Change Addition TITLE ☐ Delete RENAUT. CLEO M NAME 1818 N.E. 8TH STREET STREET ADDRESS STREET ADDRESS FT LAUDERDALE FL 33304 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Detete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 eath; 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

∑الإقعة SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



0108** 10 2 1201 33304-310827 5 Chment

P96000022216 NOSTALGIA MALL. INC. 2455 E SUNRISE BLUD STE 502 — (My Decometer) FT LAUDERDALE FL 33304-3108

Not received the form

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