

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 06, 2001 8:00 am**  
**Secretary of State**

09-06-2001 90245 028 \*\*\*150.00

DOCUMENT # **P980000035009**

1. Entity Name

**MCB FINANCIAL INC**

**(UP)**

Principal Place of Business

Mailing Address

**600 S FEDERAL HWY SUITE 221 DEERFIELD BEACH FL 33441**  
**600 S FEDERAL HWY SUITE 221 DEERFIELD BEACH FL 33441**

**B0063623**

2. Principal Place of Business

3. Mailing Address

**1090 E JEFFREY ST**  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

**BOCA RATON FL**  
**BOCA RATON FL**  
 Zip **33487** Country **USA**

4. FEI Number

Applied For

**05-0825242**

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

**BECKIN, MATTHEW**  
**1090 E JEFFREY ST**  
**BOCA RATON FL 33487**

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 **DP**  
 NAME **BECKIN, MATTHEW**  
 STREET ADDRESS **1090 E JEFFREY ST**  
 CITY-ST-ZIP **BOCA RATON FL 33487**

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ 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

Date

Daytime Phone #

CR2E034 (11/00)

Attachment  
# P98000035009  
B0063023

MCB Financial, Inc.  
1090 East Jeffrey Street  
Boca Raton, FL 33487

August 23<sup>rd</sup>, 2001

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Uniform Business Report Filing  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

RE:P98000035009

Gentlemen:

After reviewing the secretary of state's web-site I found I did not renew my corporation for 2001. I did not renew the corporation because I never received the first notice to pay the uniform business report. I did not receive the uniform business report because I moved and the post office did not forward the form you sent.

Enclosed please find my 2001 uniform business report and a check for \$150.00. Please accept this as my full payment and do not charge the late fee as I never received the first notice.

Sincerely,



Matthew Belkin  
President and Director