


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

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90837 001 ***300.00

DOCUMENT # P98000036572

1. Entity Name
MCM HOLDINGS, INC.



Principal Place of Business
**7850 N.W. 146 ST.
STE 423
MIAMI LAKES FL 33016**

Mailing Address
**7850 N.W. 146 ST.
STE 423
MIAMI LAKES FL 33016**

2. Principal Place of Business
7900 NW 155 St. #108

Suite, Apt. #, etc.
Miami Lakes, FL

City & State

3. Mailing Address
7900 NW 155 St.

Suite, Apt. #, etc.
#108

City & State
Miami Lakes, FL



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0831401**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

Zip **33016** Country **USA**

6. Name and Address of Current Registered Agent

CAMUS, MICHAEL
7850 N.W. 146 ST. STE. 423
MIAMI LAKES FL 33016

7. Name and Address of New Registered Agent

Name **Camus, Michael**

Street Address (P.O. Box Number is Not Acceptable)
7900 NW 155 St.

#108

City **miami lakes** State **FL** Zip Code **33016**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	CAMUS, MICHAEL	
STREET ADDRESS	7850 NW 146ST / STE 423	
CITY-ST-ZIP	MIAMI LAKES FL 33016	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Camus, Michael	
STREET ADDRESS	7900 NW 155 St. #108	
CITY-ST-ZIP	Miami Lakes, FL 33016	
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		

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

SIGNATURE: **SIGNATURE REQUIRED** **michael Camus** **03-31-03** **(805) 556-4422**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)