

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2003 8:00 am
Secretary of State

03-05-2003 90074 044 ***150.00

DOCUMENT # P98000077520

1. Entity Name
MEXICAN AMERICANS FOR CONSTITUTIONAL EQUALITY, I
NC.



Principal Place of Business
224 DATURA STREET, STE. 315
WEST PALM BEACH FL 33401

Mailing Address
224 DATURA STREET, STE. 315
WEST PALM BEACH FL 33401

2. Principal Place of Business
215 S Olive Avenue

3. Mailing Address
c/o McGrath & Meyers

Suite, Apt. #, etc.
200

Suite, Apt. #, etc.
5725 Corporate Way #101

City & State
West Palm Beach, FL

City & State
West Palm Beach FL

Zip
33401

Country
US

Zip
33407

Country
US

4. FEI Number **65-0888068**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

ARNOLD, ROBERT J
224 DATURA STREET, STE. 315
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name
Robert J. Arnold
Street Address (P.O. Box Number is Not Acceptable)
215 S Olive Avenue, Suite 200
City
West Palm Beach **FL** **Zip Code**
33401

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/25/03

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPTS
HALMOS, PETER A
224 DATURA STREET, STE. 315
WEST PALM BEACH FL 33401 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
ARNOLD, ROBERT J
224 DATURA ST., # 315
WEST PALM BEACH FL 33401 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
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CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
215 S. Olive Avenue Suite 200
West Palm Beach, FL 33401

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
215 S. Olive Avenue, Suite 200
West Palm Beach, FL 33401

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☐ Change ☐ Addition

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

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

Date

Daytime Phone #

2/25/03 **561-853-6300**

CR2E034 (10/02)