

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 11, 2000 8:00 am**  
**Secretary of State**

07-11-2000 90004 040 \*\*\*150.00

DOCUMENT # **099000067188**

1. Entity Name  
**MCCZ CORP.**

Principal Place of Business

Mailing Address

**1393 W 43 PL**  
**Hialeah, FL 33012**

**1393 W 43 PL**  
**Hialeah, FL 33012**

2. Principal Place of Business

3. Mailing Address

**1393 W 43 PL**  
 Suite, Apt. #, etc.

**1393 W 43 PL**  
 Suite, Apt. #, etc.

**00067612**

DO NOT WRITE IN THIS SPACE

City & State  
**Hialeah, FL**

City & State  
**Hialeah, FL**

4. FEI Number  
**65-0938627**

Applied For  
 Not Applicable

Zip  
**33012**

Country  
**US**

Zip  
**33012**

Country  
**US**

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

**MARIA CASTILLO**  
**1393 W 43 PL**  
**Hialeah, FL 33012**

Name **MARIA CASTILLO**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1393 W 43 PL**  
 City **Hialeah** **FL** Zip Code **33012**

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, 2000 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	<b>PRESIDENT</b> <b>MARIA CASTILLO</b> <b>1393 W 43 PL</b> <b>Hialeah, FL 33012</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

**Maria Castillo**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**6-27-00 305-725-65**

Date

Daytime Phone #

C-7, E-14 (9/99)

Attachment  
DH#P99000067188  
DUE 6/26/2000  
6/9/2000.

Secretary of State  
Corporation Division

Dear Sir:

I'm the president of M<sup>2</sup>C<sup>2</sup> Corp.  
Charter #P99000067188, ID# 65-0938627.

I never received the form  
to send the yearly \$150.00.

Please, accept my OK now.  
We are in the lawn service  
business, and our incomes are  
very low. My address is 1393  
W 43 Pl. Hialeah, Fla. 33012.

Thank you