

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2001 8:00 am
Secretary of State

02-20-2001 90068 004 ***150.00

0248413

DOCUMENT # P99000100009

1. Entity Name

M C H MANAGEMENT, INC.

Principal Place of Business

**800 W OAKLAND PK
 SUITE 200
 FORT LAUDERDALE FL 33308**

Mailing Address

**120 ROYAL PARK DRIVE, #4E
 OAKLAND PARK FL 33309**

00018947

2. Principal Place of Business

320 W. Oakland Park Blvd.
 Suite, Apt. #, etc.

3. Mailing Address

320 W. Oakland Park Blvd.
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Fort Lauderdale, FL

City & State

Fort Lauderdale, FL

4. FEI Number

65-0964411

Applied For

Not Applicable

Zip

33308

Country

Broward

Zip

33308

Country

Broward

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**CONROY, MONIKA H
 120 ROYAL PARK DRIVE, #4E
 OAKLAND PARK FL 33309**

Name

Street Address (P.O. Box Number is Not Accepted)

320 W. Oakland Park Blvd

City

Fort Lauderdale

FL

Zip Code

33308

7. Name and Address of New Registered Agent

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

TITLE	P	<input type="checkbox"/> Delete
NAME	CONROY, MONIKA H	
STREET ADDRESS	120 ROYAL PARK DR, #4E	
CITY-ST-ZIP	OAKLAND PARK FL 33309	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CONROY, KRISTINE I	
STREET ADDRESS	120 ROYAL PARK DR #4E	
CITY-ST-ZIP	OAKLAND PARK FL 33309	
TITLE	TR	<input type="checkbox"/> Delete
NAME	CONROY, GEORGE B	
STREET ADDRESS	120 ROYAL PARK DR #4E	
CITY-ST-ZIP	OAKLAND PARK FL 33309	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	320 W. Oakland Park Blvd	
STREET ADDRESS	Fort Lauderdale, FL, 33308	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	320 W. Oakland Park Blvd	
STREET ADDRESS	Fort Lauderdale, FL, 33308	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	Fort Lauderdale, FL, 33308	
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

2/14/01
 Date

Daytime Phone #

CR2E034 (10/00)