2002 UNIFORM BUSINESS REPORT (UBR)

May 19, 2002 8:00 am Secretary of State P99000101372 DOCUMENT # 1. Entity Name 05-19-2002 90099 001 ***150.00 MC FINANCE CORP. 05-19-2002 90099 002 *****8.75 Mailing Address Principal Place of Business 15 W HIGHLAND AVE 1776 N PIME ISLAND RD. STE 314 STE D PLANTATION FL 33322 PHILADELPHIA PA 19118-3322 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0975324 Not Applicable \$8.75 Additional Country Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Box Number is Not Acceptable) CLIFTON, ELIZABETH 106 3232 NE 5TH STREET POMPANO BEACH FL 33062 City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. This corporation is eligible to satisfy its Intangible 10. Flection Campaign Financing After May 1, 2002 Fee will be \$550.00 Added to Fees Tax filing requirement and elects to do so. Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change TITLE ☐ Delete DPT TITLE NAME NAME CLIFTON, ELIZABETH 3205 Colony Club Road Pompano Beach, FL 33062 STREET ADDRESS STREET ADDRESS 3232 NE 5TH STREET CITY-ST-7IP CITY-ST-ZIP POMPANO BEACH FL 33062 Change . ☐ Addition ☐ Delete TITLE TITLE ٧S NAME NAME WEISS, STEPHEN 3205 Colony Club Road Pompano Beach, FL 33062 STREET ADDRESS STREET ADDRESS 3232 NE 5TH STREET CITY-ST-ZIP POMPANO BEACH FL 33062 CITY-ST-ZIP Addition 🗆 Delete, TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS bla obla STREET ADDRESS CITY-ST-ZiP · (1) (1) (1) (1) (1) (1) (1) CITY-ST-ZIP ☐ Change Addition Carra rain TITLE ☐ Delete TITLE D.L NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

FILED

Daytime Phone #