

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000111292

1. Entity Name

MCM SERVICES INTERNATIONAL, INC.

*h*

**FILED**  
**Jul 20, 2000 8:00 am**  
**Secretary of State**

07-20-2000 90026 014 \*\*\*150.00

Principal Place of Business

1446 HOLLYWOOD BOULEVARD  
HOLLYWOOD FL 33020

Mailing Address

1446 HOLLYWOOD BOULEVARD  
HOLLYWOOD FL 33020

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0963059

Applied For

Not Applicable

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

MAGULA, CINDY  
1446 HOLLYWOOD BOULEVARD  
HOLLYWOOD FL 33020

Name

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

City

**FL**

Zip Code

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 ☐ Delete  
NAME **D**  
STREET ADDRESS **MAGULA, CINDY**  
CITY-ST-ZIP **1446 HOLLYWOOD BOULEVARD**  
**HOLLYWOOD FL 33020**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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:

*CINDY MAGULA*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/17/00 (904) 258-9239

CR2E034 (5/00)

**MCM Services International, Inc.**

Phone (954) 258-9939  
Fax (954) 791-3744

1446 Hollywood Blvd.  
Hollywood, Florida  
Broward

**July 17, 2000**

**Division of Corporations  
Uniform Business Report Filings  
PO Box 1500  
Tallahassee, Fl. 32302**

**To whom it may concern:**

**I received a Uniform Business Report on July 10th and called your office to inform you that this was the first report I had received.**

**I am enclosing a check for \$150.00 and the form that was sent to me as per your clerk with this letter starting that I had only received this report in the mail.**

**If there are any questions, please call me at (954) 258-9939.**

**Sincerely,**