

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90254 013 ***150.00

DOCUMENT # V22718

1. Entity Name
MECHANICAL CONCEPTS, INC.

Principal Place of Business

**10899 SW 72ND ST
STE 203
MIAMI FL 33173**

Mailing Address

**10899 SW 72ND ST
STE 203
MIAMI FL 33173**

2. Principal Place of Business

3. Mailing Address

5148 W. CARMEN AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CHICAGO IL

Zip

Country

60630

Country

USA

4. FEI Number

65-0334832

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

**BROWN, DAVID H
10899 SW 72ND ST
#203
MIAMI FL 33173**

Name **BROWN DAVID H.**

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

3180 NE 48 CT #305

City **Lighthouse Point**

FL

Zip Code **33064**

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 *David H Brown*
Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

04/05/02

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, 2002 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 **P** ☐ Delete
NAME **BROWN, DAVID H**
STREET ADDRESS **10899 SW 72ND ST #203**
CITY-ST-ZIP **MIAMI FL 33173**

TITLE **P** ☒ Change ☐ Addition
NAME **BROWN, DAVID H**
STREET ADDRESS **5148 W. CARMEN AVENUE**
CITY-ST-ZIP **CHICAGO - IL. 60630**

TITLE **D** ☐ Delete
NAME **SHAVER, SCOTT D**
STREET ADDRESS **14522 SW 75TH STREET**
CITY-ST-ZIP **MIAMI FL 33183**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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

Date

Daytime Phone #

04/05/02 (773) 205 8202

CR2E034 (9/01)