

**2000 UNIFORM BUSINESS REPORT (UBR)**

5/

**FILED**  
**Aug 14, 2000 8:00 am**  
**Secretary of State**

05-17-2000 90913 003 \*\*\*150.00

**DOCUMENT # P99000069380**

1. Entity Name  
**MCALLES INVESTMENT, INC.**

Principal Place of Business  
 11911 US HWY ONE, SUITE 102  
 NORTH PALM BEACH FL 33408

Mailing Address  
 11911 US HWY ONE, SUITE 102  
 NORTH PALM BEACH FL 33408-2872

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
**65-0945151**

Applied For  
 Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**KAHN, JEFFREY B**  
~~460 E LAS OLAS BLVD, SUITE 950~~ **6598 NW 97 Drive**  
~~FT LAUDERDALE FL 33301~~ **Parkland, FL 33076**

Name **Jeffrey B. Kahn**  
 Street Address (P.O. Box Number is Not Acceptable)  
**6598 NW 97 Drive**  
 City **Parkland** **FL** Zip Code **33076**

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 DATE **6-24-00**

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	<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	
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"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>PRESIDENT, VICE-PRESIDENT</b>
STREET ADDRESS	<b>ELYSA MCALLES</b>
CITY-ST-ZIP	<b>13385 WILLIAM MEYER COURT</b> <b>PALM BEACH GARDENS FL 33410</b>
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SECRETARY, TREASURER</b>
STREET ADDRESS	<b>BEVERLY WILSON</b>
CITY-ST-ZIP	<b>439 S. ALARCON STREET #3</b> <b>PRESCOTT AZ 86303</b>
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DIRECTOR</b>
STREET ADDRESS	<b>JOSHUA MCALLES</b>
CITY-ST-ZIP	<b>13385 WILLIAM MEYER COURT</b> <b>PALM BEACH GARDENS FL 33410</b>
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DIRECTOR</b>
STREET ADDRESS	<b>BROOKE MCALLES</b>
CITY-ST-ZIP	<b>13385 WILLIAM MEYER COURT</b> <b>PALM BEACH GARDENS FL 33410</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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

Date **4/28/00**

Daytime Phone # **561.626.5433**

CR2E034 (9/99)