

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 294200

1. Entity Name
FRED MCGILVRAY, INC.

FILED
May 05, 2002 8:00 am
Secretary of State
05-05-2002 90033 048 ***150.00

Principal Place of Business

8690 N W 58TH ST
MIAMI FL 33166
US

Mailing Address

P.O. BOX 522204
MIAMI FL 33152
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1097179

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

MCGILVRAY, MICHAEL O.
6050 S.W. 128 STREET
MIAMI FL 33156

7. Name and Address of New Registered Agent

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 \$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

TITLE TS
NAME MCGILVRAY, TIMOTHY L
STREET ADDRESS 7460 S.W 127 STREET
CITY-ST-ZIP MIAMI FL 33156 ☐ Delete

TITLE V
NAME GRETHEN, J P JR
STREET ADDRESS 6285 S W 99 TERR
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE CD
NAME MCGILVRAY, FRED
STREET ADDRESS 6000 S W 128TH ST
CITY-ST-ZIP MIAMI FL 33156 ☐ Delete

TITLE PD
NAME MCGILVRAY, MICHAEL O.
STREET ADDRESS 6050 SW 128TH STREET
CITY-ST-ZIP MIAMI FL 33156 ☐ Delete

TITLE V
NAME PATTI, NORMAN E.
STREET ADDRESS 7431 S.W. 131 AVE.
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL O. MCGILVRAY, PRESIDENT

Date

4-17-02 (305) 592-5910

Daytime Phone #

CR2E034 (9/01)