

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 677116

1. Entity Name

MCCOURT CONSTRUCTION INC.

FILED

01 JUL 25 AM 11:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
16155 SW 117TH AVE. #26
MIAMI FL 33177

Mailing Address
16155 SW 117TH AVE. #26
MIAMI FL 33177

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 59-2010019

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

MCALPINE, DANIEL
23800 S.W. 162ND AVENUE
MIAMI FL 33031

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	PDS MCALPINE, DANIEL 23800 S.W. 162ND AVENUE MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	400004549224--2 -08/22/01--01076--009 *****150.00 *****150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)


CONSTRUCTION, INC.
16155 SW 117 AVENUE
SUITE 26
MIAMI, FL 33177

2017
DADE: (305) 255-0252
BROWARD: (954) 443-1711
FAX: (305) 378-2395

July 16, 2001

16155 SW 117 Avenue
Suite 26 B
Miami, FL 33177

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern:

I'm writing in reference to my 2001 Uniform Business Report filing.

Please excuse my tardiness. My wife was my office manager for the past 20 years and she passed away late last year. The person that took over for her was not very familiar with our office procedures, and mistakenly filed the payment away. Unfortunately we were not aware of this oversight until we received the second notice of payment.

Again, I apologize, this was a rare occurrence and it will not be repeated. I ask that you show some leniency with the late fee since we are not in the habit of paying late and we had some unusual circumstances.

Thank you for your time and consideration.

Respectfully,



Daniel C. McAlpine
President
McCourt Construction, Inc.

NL

