

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A99000001470**

1. Entity Name

MCALEES FAMILY HOLDINGS, LTD.

Principal Place of Business

**11911 U.S. HIGHWAY ONE, SUITE 102
NORTH PALM BEACH FL 33408**

Mailing Address

**11911 U.S. HIGHWAY ONE, SUITE 102
NORTH PALM BEACH FL 33408**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED
02 MAY -1 PM 1:11
SECRETARY OF STATE
TALLAHASSEE FLORIDA



DUE BY MAY 1, 2002

4. FEI Number

65-0945997

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

**KAHN, JEFFREY B
6598 N.W. 97TH DRIVE
PARKLAND FL 33076**

Name
Kahn, Jeffrey B.

Street Address (P.O. Box Number is Not Acceptable)
3300 University Drive, Suite 711

City
Coral Springs

FL

Zip Code
33065

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]

4-19-2002
DATE

9. Capital Contributions
as Shown on record.

\$100.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$100.00

11. **MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **P99000069380**
NAME **MCALEES INVESTMENT, INC.**
STREET ADDRESS **11911 U.S. HIGHWAY ONE, SUITE 102**
CITY-ST-ZIP **NORTH PALM BEACH FL 33408**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/26/02
Date

861 625433
Daytime Phone #

CR2E003 (9/01)