

2000 UNIFORM BUSINESS REPORT (UBR)

AMENDED

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL 31 PM 12:22

DOCUMENT #: F30656

1. Entity Name

McDONALD'S HARDWARE, INC.

Principal Place of Business

Mailing Address

245 S.W. 24th Street
Ft. Lauderdale, FL 33315

245 S.W. 24th Street
Ft. Lauderdale, FL 33315

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

59-2087227

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

7. Name and Address of New Registered Agent

McDONALD, ROBERT J.
245 S.W. 24 Street
Ft. Lauderdale, FL 33315

Name
McDONALD-LUCENTE, KIM

Street Address (P.O. Box Number is Not Acceptable)
245 S.W. 24 Street

Ft. Lauderdale, FL 33315

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

Kim McDonald Lucente

7/26/00

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's 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 NAME STREET ADDRESS CITY-ST-ZIP	D PD McDONALD, ROBERT J. 245 S.W. 24 St., Ft. Laud.	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD McDONALD-LUCENTE, KIM 245 S.W. 24 St., Ft. Laud, FL 33315
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VP McDONALD, CAROL 245 S.W. 24 St. Ft. Lauderdale, FL 33315	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V McDONALD-LUCENTE, KIM 245 S.W. 24 St. Ft. Lauderdale, FL 33315
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST McDONALD-LUCENTE, KIM 245 S.W. 24 St. Ft. Lauderdale, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST (NAME CHANGE ONLY) McDONALD-LUCENTE, KIM 245 S.W. 24 St. Ft. Lauderdale, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	100003357971--4 -08/15/00--01061--010 *****61.25 *****61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>AS/8</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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)(b), 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

Kim McDonald Lucente

7/26/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #