

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90191 005 ***150.00

DOCUMENT # F63247

1. Entity Name

MCCOY ELITE PERSONNEL, INC.

Principal Place of Business

66 W. FLAGLER ST.
 STE. 1004
 MIAMI FL 33130
 US

Mailing Address

66 W. FLAGLER ST.
 STE. 1004
 MIAMI FL 33130
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

19 W. Flagler St.

3. Mailing Address

Suite, Apt. #, etc.

Suite 215

City & State

Miami FL

Zip

33130

Country

US

Zip

33130

Country

US

4. FEI Number

59-2154743

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HOPPE, BILL
 66 W FLAGLER STREET
 SECOND FLOOR
 MIAMI FL 33180

7. Name and Address of New Registered Agent

Name

Joel Lumer

Street Address (P.O. Box Number is Not Acceptable)

66 W. Flagler St.

1002

City

Miami

FL

Zip Code

33130

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

16 Jan 02

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 **PTD** ☐ Delete
 NAME **MCCOY, PATRICIA A**
 STREET ADDRESS **9571 SW 8 STREET**
 CITY-ST-ZIP **PEMBROKE PINES FL**

TITLE **SD** ☐ Delete
 NAME **MCCOY, GARY D.**
 STREET ADDRESS **9571 SW 8TH ST.**
 CITY-ST-ZIP **PEMBROKE PINES FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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 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:

Patricia McCoy
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-02

Date

305-375-0804

Daytime Phone #

CR2E034 (9/01)