

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H93945

1. Entity Name

JOHN MCKIE INCORPORATED

FILED
Aug 25, 2000 8:00 am
Secretary of State

08-25-2000 90062 012 ***550.00

Principal Place of Business

9550 NW 12TH ST
 UNIT #16A
 MIAMI FL 33172

Mailing Address

9550 NW 12TH ST
 UNIT #16A
 MIAMI FL 33172

2. Principal Place of Business

131 NE 87 ST
 Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 371370
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

59-2626720

Applied For

Not Applicable

Zip

Country

Zip

Country

33137

USA

33137

USA

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

Name

JOHN THERASSE

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

131 NE 87 ST

City

MIAMI FL 33137

FL

Zip Code

33137

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 PD ☒ Delete
 NAME THERASSE, JOHN
 STREET ADDRESS 8119 NW 33RD STREET
 CITY-ST-ZIP MIAMI FL

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

TITLE PD ☐ Delete
 NAME JOHN THERASSE
 STREET ADDRESS P.O. Box 371370
 CITY-ST-ZIP MIAMI FL 33137

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

TITLE ☐ Delete
 NAME
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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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)