

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 MAY -2 AM 9:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *J29784*

1. Entity Name

The Patrick McBride Company

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9130 S. Dadeland Blvd.

Suite, Apt. #, etc.

#1802

City & State

MIAMI, FLORIDA

Zip

33156

Country

USA

3. Mailing Address

same

Suite, Apt. #, etc.

#1802

City & State

same

Zip

same

Country

same

4. FEI Number

592737494

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Patrick McBride

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

9130 S. Dadeland Blvd. #1802

City

Miami

FL

Zip Code

33156

DO NOT WRITE
IN THIS SPACE

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 reappointing)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

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	<i>President</i>
NAME	<i>Eric McBride</i>
STREET ADDRESS	<i>9130 S. Dadeland Blvd. #1802</i>
CITY-ST-ZIP	<i>MIAMI, FL 33156</i>
TITLE	<i>CEO</i>
NAME	<i>Patrick McBride</i>
STREET ADDRESS	<i>9130 S. Dadeland Blvd. #1802</i>
CITY-ST-ZIP	<i>MIAMI, FLA 33156</i>
TITLE	<i>Lawrence Reiser</i>
NAME	<i>Vice President</i>
STREET ADDRESS	<i>9130 S. Dadeland Blvd. #1802</i>
CITY-ST-ZIP	<i>MIAMI, FL 33156</i>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

500005431775--0

05/02/02-01068-003

****200.00 ****150.00

DO NOT WRITE
IN THIS SPACE

\$1550

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/02

Daytime Phone #

CR2E034B (12/01)