

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J82976

1. Entity Name

D.A. MCGREGOR COMPANY

FILED

00 FEB 28 AM 8:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

M3149



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
1000 BRICKELL AVE.  
SUITE 680  
MIAMI FL 33131

Mailing Address  
1000 BRICKELL AVE.  
SUITE 680  
MIAMI FL 33131-3033

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2820215

Applied For  
Not Applicable

Zip Country

Zip Country

6. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ZAYAS, FERNANDO  
4341 S.W. 62ND AVE.  
MIAMI FL 33155

Name

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

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

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 \$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 PD  
NAME MCGREGOR, DONALD A.  
STREET ADDRESS 730 TIMDABO  
CITY-ST-ZIP CORAL GABLES FL ☐ Delete

TITLE PD  
NAME McGregor, Donald A.  
STREET ADDRESS 1000 Brickell Ave. Ste 680  
CITY-ST-ZIP Miami, FL 33131 ☒ Change ☐ Addition

TITLE STD  
NAME ZAYAS, FERNANDO  
STREET ADDRESS 4341 S.W. 62ND AVE.  
CITY-ST-ZIP MIAMI FL ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ZAYAS, FERNANDO

Date

Daytime Phone #

1/5/00 305-374-1054

CR2E034 (9/99)