

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 06, 2000 8:00 am**  
**Secretary of State**

06-06-2000 90011 011 \*\*\*150.00

00101488

DO NOT WRITE IN THIS SPACE

DOCUMENT # **K23684** ✓  
 Entity Name **MADELINE ASSOCIATES**  
**3240 SW 116th AVE, DAVIE, FL 33330**

Principal Place of Business **JAME AS ABOVE**  
 Mailing Address **JAME AS ABOVE**

Principal Place of Business (shows only) **ATLANTA ROBERT MARY**  
 Suite, Apt. #, etc. **11N1006**  
 City & State **ATLANTA GA**  
 3. Mailing Address **250 SPRING ST NW ATLANTA, GA**  
 Suite, Apt. #, etc. **30363**  
 City & State **ATLANTA GA**  
 4. FEI Number **650048989**  
 Applied For  Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**MADELINE HILSENRAD**  
**3240 SW 116th AVE**  
**DAVIE, FL 33330**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ (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 <b>PRESIDENT</b>	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>MADELINE HILSENRAD</b>		NAME	
STREET ADDRESS <b>3240 SW 116th AVE</b>		STREET ADDRESS	
CITY-ST-ZIP <b>DAVIE, FL 33330</b>		CITY-ST-ZIP	
TITLE <b>VICE PRESIDENT</b>	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>ROBERT HILSENRAD</b>		NAME	
STREET ADDRESS <b>3240 SW 116th AVE</b>		STREET ADDRESS	
CITY-ST-ZIP <b>DAVIE, FL 33330</b>		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: **Robert Hilsenrad** Date **5/11/00** Daytime Phone # **954-473-8221**

CR2E034 (9/99)