

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L28254

1. Entity Name

MCCAROL PARTNERS INC.

FILED
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90009 038 ***150.00

Principal Place of Business
11410 NW 41 ST
SUNRISE FL 33323
US

Mailing Address
% CAROL BELLMORE
11410 N.W. 41ST ST.
SUNRISE FL 33323

2. Principal Place of Business
4444 N. Hiatus Rd
Suite, Apt. #, etc.

3. Mailing Address
4444 N Hiatus Rd
Suite, Apt. #, etc.

City & State
Sunrise FL
Zip
33351
Country
US

City & State
Sunrise FL
Zip
33351
Country
US

4. FEI Number 65-0184235
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
BELLMORE, CAROL
11410 N W 41ST ST.
SUNRISE FL FL 33323

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 Carol Bellmore Carol Bellmore 1-10-01
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. ☐ **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 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	PTD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELLMORE, CAROL		NAME		
STREET ADDRESS	11410 NW 41 ST		STREET ADDRESS		
CITY-ST-ZIP	SUNRISE FL		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGREGOR, GAIL		NAME		
STREET ADDRESS	11410 NW 41 STREET		STREET ADDRESS		
CITY-ST-ZIP	SUNRISE FL		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		
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: Carol Bellmore Carol Bellmore 1-10-01 954 742-8790
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0267018

CR2E034 (10/00)