

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90077 022 ***150.00

DOCUMENT # **L28660**

1. Entity Name

THE MACK GROUP, INC.

Principal Place of Business

**1900 CORPORATE BLVD N.W.
SUITE 110, WEST BUILDING
BOCA RATON FL 33431
US**

Mailing Address

**1900 CORPORATE BLVD NW
STE 110 W BLDG
BOCA RATON FL 33431-8512
US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0158309**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MACK, JAY
1900 CORPORATE BLVD., SUITE 110
BOCA RATON FL 33431**

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

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

TITLE	P	<input type="checkbox"/> Delete
NAME	MACK, JACQUELINE	
STREET ADDRESS	1900 N.W. CORPORATE BLVD., SUITE 110	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	DST	<input type="checkbox"/> Delete
NAME	MACK, JAY	
STREET ADDRESS	1900 N.W. CORPORATE BLVD., SUITE 110	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	DP	<input type="checkbox"/> Delete
NAME	MACK, PAUL	
STREET ADDRESS	1900 CORP BLVD NW STE 110 W BLDG	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	LEPARC, SUZETTE	
STREET ADDRESS	1900 N.W. CORPORATE BLVD., SUITE 110	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MACK, JACQUELINE	
STREET ADDRESS	1900 N.W. CORPORATE BLVD.	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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

4-24-00

Date

561-998-1520

Daytime Phone #

CR2E034 (9/99)