

2000 UNIFORM BUSINESS REPORT (UBR)

005182 AF

DOCUMENT # L98000001777

1. Entity Name
MCCUE & MCCUE P.L.

FILED
00 MAR -8 PM 12:51
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business
4826 NORTH FEDERAL HIGHWAY
FORT LAUDERDALE FL 33308-4606

Mailing Address
4826 NORTH FEDERAL HIGHWAY
FORT LAUDERDALE FL 33308-3842



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5100 N FEDERAL HWY

Suite, Apt. #, etc.

SUITE 405

City & State

FORT LAUDERDALE FL

Zip

33308

Country

USA

3. Mailing Address

5100 N FEDERAL HWY

Suite, Apt. #, etc.

SUITE 405

City & State

FORT LAUDERDALE FL

Zip

33308

Country

USA

4. FEI Number

65-0856774

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCCUE, CHRISTIAN A

4826 NORTH FEDERAL HIGHWAY

FORT LAUDERDALE FL 33308-4606

7. Name and Address of New Registered Agent

Name

CHRISTIAN A. MCCUE

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

5100 N FEDERAL HWY, # 405

City

FORT LAUDERDALE

FL

Zip Code

33308

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 CHRISTIAN A. MCCUE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

3/5/2000

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE MGRM
NAME MCCUE, CHRISTIAN A
STREET ADDRESS 4826 NORTH FEDERAL HIGHWAY
CITY-ST-ZIP FORT LAUDERDALE FL 33308-4606

☐ Delete

TITLE MGRM
NAME MCCUE, USA T
STREET ADDRESS 4826 NORTH FEDERAL HIGHWAY
CITY-ST-ZIP FORT LAUDERDALE FL 33308-4606

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TITLE
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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS 5100 N FEDERAL HWY #405
CITY-ST-ZIP FORT LAUDERDALE FL 33308

☒ Change

☐ Addition

TITLE
NAME
STREET ADDRESS 5100 N FEDERAL HWY #405
CITY-ST-ZIP FORT LAUDERDALE FL 33308

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CHRISTIAN A. MCCUE 3/5/2000 938-9001

CR2E083 (9/99)