

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 29, 2003 8:00 am**  
**Secretary of State**

04-29-2003 90074 032 \*\*\*150.00

**DOCUMENT # P00000078834**

1. Entity Name  
**MACGOR, INC.**



Principal Place of Business  
**777 17TH ST  
#401  
MIAMI BEACH FL 33139**

Mailing Address  
**777 17TH ST  
#401  
MIAMI BEACH FL 33139**

2. Principal Place of Business  
**12000 BISCAYNE BOULEVARD  
Suite, Apt. #, etc.  
505**

3. Mailing Address  
**12000 BISCAYNE B  
Suite, Apt. #, etc.  
505**

City & State  
**NORTH MIAMI, FLORIDA**

City & State  
**NORTH MIAMI, FLORIDA**

4. FEI Number **65-1010260**

Applied For  
Not Applicable

Zip Country  
**33181 METRO-DADE**

Zip Country  
**33181 METRO-DADE**

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

☐ CHECK HERE IF MAKING CHANGES



**6. Name and Address of Current Registered Agent**

**MERRITT, ROGER J ESQ  
STE 218, 300 41ST ST  
MIAMI BEACH FL 33140**

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GORDON, JACK</b>	
STREET ADDRESS	<b>12000 Biscayne Blvd. Ste. 505</b>	
CITY-ST-ZIP	<b>North Miami, FL 33181-2725</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MACPHERSON GORDON, MYRA</b>	
STREET ADDRESS	<b>12000 Biscayne Blvd. Ste. 505</b>	
CITY-ST-ZIP	<b>North Miami, FL 33181-2725</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Jack Gordon*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/03 305 9876671  
Date Daytime Phone #

CR2E034 (10/02)