

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90949 038 ***150.00

DOCUMENT # P000000 91797

1. Entity Name

McCANN & TATE, INC.

DO NOT WRITE IN THIS SPACE

B0057713

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3050 BISCAYNE BLVD

Suite, Apt. #, etc.

SUITE 507

City & State

MIAMI FL

Zip

33137

Country

MIAMI-DADE

3. Mailing Address

3050 BISCAYNE BLVD

Suite, Apt. #, etc.

SUITE 507

City & State

MIAMI, FL

Zip

33137

Country

MIAMI-DADE

4. FEI Number

52-2276597

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

SHERMAN THOMAS-G. ESQ

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

218 ALGERIA AVENUE

City

BOCA RATON

State

FL

Zip Code

33434

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 reissuing)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY - ST - ZIP
D
STEVE POLAKOFF
3050 BISCAYNE BLVD #507
MIAMI FL 33137

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/02 305
515-2006

CR2E034B (12/01)