

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

8/20/2003-90051-042-\$150.00-\$150.00

APPROVED
AND
FILED

03 SEP 19 PM 3:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000123007

1. Entity Name.
MR MCCABE ENTERPRISES, INC.

Principal Place of Business
8725 SW 182 TERR
MIAMI FL 33157

Mailing Address
~~8725 SW 182 TERR~~
~~MIAMI FL 33157~~

25913 McPer
ASTOR FL 3210-

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

ASTOR FL

4. FEI Number

11-3664552

Applied For

Not Applicable

Zip

Country

Zip

32102

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCCABE, MICHAEL
8725 SW 182 TERR
MIAMI FL 33157

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

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 NAME STREET ADDRESS CITY-ST-ZIP	P MCCABE, MICHAEL 8725 SW 182 TERR MIAMI FL 33157	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCCABE, BONNIE D 8725 SW 182 TERR MIAMI FL 33157	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)

Attachment #

8725 SW 182 Terrace
Miami FL 33157

80139258
PO2000123007

202

August 18, 2003

Ms Glenda E. Hood

Ms. Glenda E. Hood
PO Box 6327
Tallahassee, FL 32314

Dear Ms. Hood:

Please accept this letter as a request to have the late fee for the 2003 Uniform Business Report waived. I did not receive the first notice. I have included the original \$150.00 filing fee.

Sincerely,

Michael McCabe
President
MRMCABE ENTERPRISES, INC

MM