## 2003 FOR PROFIT CORPORAT UNIFORM BUSINESS REPORT (UBR

**DOCUMENT #** 

P02000123007

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

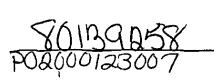


03 SEP 19 PM 3:47

. Entity Name . MR MCCAE	BE ENTERPRISES, INC.					SECRETA TALLAHA	ARY OF SSEE. F	STATE LORIDA	7
Principal Place of Business 8725 SW 182 TERR MIAMI FL 33157		Mailing Address  STES GIV TO TERR  ASTOR FL3		Per 210		•			
2. Principal Place of Business		3. Mailing Address MCR		SON LAN		7	BE/2! Help wa	<b>56</b> W(#) <b>65</b> 107	26(3) 1851 1841
Suite, Apt. #,	, etc.	Suite, Apt. #, etc.			7 ~	CHECK HERE IF	MAKING (	HANGES	
City & State		City & State  ASTOR FL		1		El Number 11-3664552		N	oplied For ot Applicable
Zip .	Country	32102	Cour	try SA	•	Certificate of Status Desired	<u> </u>	8.75 Add se Require	
	6. Name and Address of Current				7. N	lame and Address of New Re		ent	· · · · · · · · · · · · · · · · · · ·
				Name -					
MCCABE, N 8725 SW 1		•		Street Address	(P.O. B	ox Number is Not Acceptable)			
MIAMI FL 3			•					Zip Coo	
<i>:</i>		·		City			FL		
The above r	named entity submits this statement forms of registered agent.	or the purpose of changing i	ts register	ed office or regist	ered ag	ent, or both, in the State of Flori	da. Iam fa	miliar with,	and accept
SIGNATURE -	Signature, typed or printed name of registered agent	and title if applicable. (NC	OTE: Register	ed Agent signature requir	red when re	instating)	DATE		<del></del> -
FILE NOW!!! FEE IS \$550.00  After September 10, 2003 Fee will be \$750.00  Make Check Payable to Florida Department of State					•	Election Campaign Fina     Trust Fund Contribution.		Adde	May Be d to Fees
Make Check 10.	OFFICERS AND		11.		AD	DITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR	
TITLE NAME STREET ADDRESS	P MCCABE, MICHAEL 8725 SW 182 TERR	☐ Delete						☐ Change	☐ Addition
- 1	MIAMI FL 33157 V MCCABE, BONNIE D 8725 SW 182 TERR	Delete	Tet NA Sti	LE				Change	Addition
CITY-SI-ZIP TITLE	MIAMI FL 33157	☐ Delete	ŧπ					Change	Addition
STREET ADDRESS	***************************************	,	ST	REET ACORESS		متعالفة المحادثين والمتعا	~ ·	· - • - · · · · · · · · · · · · · · · ·	-
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STREET ADDRESS CITY-ST-ZIP		:		REET ADORESS TY-ST-ZIP		<u> </u>			
TITLE NAME STREET ADDRESS		Delete	na St	ile Me Reet address IY-ST-ZIP	-			☐ Change	Addition
indicated	certify that the information supplied with on this report or supplemental report poration or the receiver or trustee empty or on an attachment with an address SURE:	nowered to execute this rep	for the exat my sign ort as requeed.	emption stated in ature shall have the uired by Chapter (	Section ne same 807, Flor	119.07(3)(i), Fiorida Statutes. I legal effect as if made under o rida Statutes; and that my name	appears in	ity that the m an office Block 10 ytime Phone R	OL BIOCK 11 II

Attachment#

8725 SW 182 Terrace Miami FL 33157



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 filling fee.

Sincerely,

Michael McCabe President MRMCCABE ENTERPRISES, INC

MM