

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P93000020131**

1. Entity Name

**THE MACKENZIE COMPANIES, INC.****FILED****Apr 16, 2001 8:00 am**  
**Secretary of State**

04-16-2001 90243 001 \*\*\*150.00

Principal Place of Business

Mailing Address

9900 STIRLING ROAD  
SUITE 231  
COOPER CITY FL 33024  
USDAVID KRUZEL  
P.O. BOX 16837  
PLANTATION FL 33318-6837  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **65-0432547**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KRUZEL, DAVID M  
8181 W BROWARD BLVD  
350  
PLANTATION FL 33324

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.

SIGNATURE \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME WACKS, EDWARD  
STREET ADDRESS 8181 WEST BROWARD BLVD., SUITE 350  
CITY-ST-ZIP PLANTATION FL 33324TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ST ☐ Delete  
NAME WACKS, M.J  
STREET ADDRESS 8181 W. BROWARD BLVD 350  
CITY-ST-ZIP FORT LAUDERDALE FL 33324TITLE ☐ Change ☐ Addition  
NAME  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

SIGNATURE: Edward J. Wachs, Pres

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/01

Date

954-473-6550

Daytime Phone #

CR2E034 (10/00)