

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2001 8:00 am
Secretary of State

01-24-2001 90064 008 ***150.00

DOCUMENT # P93000060389

1. Entity Name
JOHN MURNANE, INC.

Principal Place of Business

4640 N.W. 102ND AVE.
 APT. 102
 MIAMI FL 33178

Mailing Address

4640 N.W. 102ND AVE.
 APT. 102
 MIAMI FL 33178

Y U Z I T U



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

800 Cypress Pointe Dr East
 Suite, Apt. #, etc.

3. Mailing Address

800 Cypress Pointe Dr East
 Suite, Apt. #, etc.

City & State

Pembroke Pines, FL

Zip
33027

Country

USA

City & State

Pembroke Pines, FL

Zip
33027

Country

USA

4. FEI Number **65-0434204**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

CHAKLER, HUGH S.
1636 SW 148TH TERR
PEMBROKE PINES FL 33027

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.

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

TITLE **P** ☐ Delete
 NAME **MURNANE, JOHN J JR**
 STREET ADDRESS **4640 NW 102 AVE / STE 102**
 CITY-ST-ZIP **MIAMI FL**

TITLE **T** ☐ Delete
 NAME **CHAKLER, HUGH S**
 STREET ADDRESS **1636 SW 148TH TERRACE**
 CITY-ST-ZIP **PEMBROKE PINES FL**

TITLE **D** ☐ Delete
 NAME **ROGERS, JOHN**
 STREET ADDRESS **564 ST ANDREWS BLVD**
 CITY-ST-ZIP **NAPLES FL**

TITLE **D** ☐ Delete
 NAME **MURNANCE, PATRICIA ANN**
 STREET ADDRESS **5733 DEAUVILLE CIRCLE APT G-304**
 CITY-ST-ZIP **NAPLES FL**

TITLE **D** ☐ Delete
 NAME **MURNANCE, JOHN**
 STREET ADDRESS **5733 DEAUVILLE CIRCLE APT G304**
 CITY-ST-ZIP **NAPLES FL**

TITLE **D** ☐ Delete
 NAME **MURNANCE, GERALDINE**
 STREET ADDRESS **5733 DEAUVILLE CIRCLE G-304**
 CITY-ST-ZIP **NAPLES FL**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME **800 Cypress Pointe Drive East**
 STREET ADDRESS **Pembroke Pines, FL 33027**
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
 NAME **5425 Cove Circle**
 STREET ADDRESS **NAPLES, FL 34119**
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
 NAME **WALBERT, Patricia Ann**
 STREET ADDRESS **4643 NE VASSA**
 CITY-ST-ZIP **NAPLES, FL 34119**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN J. MURNANE

Date

1/15/01

Daytime Phone #

305-271-2828

CR2E034 (10/00)