## **2003 FOR PROFIT CORPORATION**

## **UNIFORM BUSINESS REPORT (UBR)** P94000040745 DOCUMENT #

1. Entity Name

MCDEAD BUGS, INC.		
Principal Place of Business 12172 SW 131 AVE MIAMI FL 33186	Mailing Address 12172 SW 131 AVE MIAMI FL 33186	
2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	

## **FILED** Apr 17, 2003 8:00 am Secretary of State

04-17-2003 90597 021 \*\*\*150.00

### Add F. 33188  ### ADDITIONS OF PRICERS AND DIRECTORS  ### ADDITIONS CHANGE THOMAS  ### ADDITIONS CHANGE  ##															
Suite, Apt. #. etc.  Suite, Ap	12172 SW 131 AVE 12172 SW 131 AVE														
City & State  Country  S. Certificate of Status Desired   \$8.75   Fee Reg  Street Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  Interpretation of registered agent of registered agent and the registered Agent agent and the registered office or registered agent, or both, in the State of Florida. I am familiar with the obligations of registered agent and the registered Agent agent agent, or both, in the State of Florida. I am familiar with the obligations of registered agent, or both, in the State of Florida. I am familiar with the obligations of registered agent.  SIGNATURE  S	Principal Place of Business     3. Mailing Address						İ		HI <b>ed</b> ili <b>ə</b> ğəli <b>d</b>						
### Country   Zip   Country   5. Certificate of Status Desired   \$8.75    ### 6. Name and Address of Current Registered Agent   7. Name and Address of New Registered Agent    #### 11420 SW 109 RD   Street Address (P.O. Box Number is Not Acceptable)  ###################################	Suite, Apt. #, etc. Suite, Apt. #, etc.							CHECK HERE IF MAKING CHANGES							
8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 11420 SW 109 RD MIAMI FL 33176  City FL Zip C  B. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar we the obligations of registered agent, or both, in the State of Florida. I am familiar we the obligations of registered agent.  SIGNATURE  Signature hybrid or privated reme of registered agent and time if applicable.  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  ITILE  MCDADE, THOMAS  SIREET ADDRESS  12172 SW 131 AVE  MCDADE, HUGH  12172 SW 131 AVE  MCDAD	City & State			City	City & State				4. FEI Number 65-0503810			<del></del>	Applied For Not Applicable		
Street Address of Current Registered Agent   Name	Zip		Country	Zip	· · · · · · · · · · · · · · · · · · ·	Countr	у		5. Certif	ficate of Status Desir	red 🗀		3.75 Ad	ditional	1
WEITZMAN, JACK L 11420 SW 109 RD MIAMI FL 33176  City FL Zip C C City FL Zip C City FL Zip C C C City FL Zip C C City FL Zip C C C C C C C C C C C C C C C C C C C		6. Name	and Address o	of Current Registere	d Agent				7. Name	and Address of N	ew Register				┨
## Committee Houses Fig. 19. But Notifices Fi			***	x			Name			<del></del>	~-	-			1
Eity    City   FL   Zip C								<u> </u>							
8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar we the obligations of registered agent.  SIGNATURE  Signature system or primot name of registered agent and title if applicable.  (NOTE: Registered Agent signature included when reinstating)  DATE  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  TITLE  MAME  MCDADE, THOMAS  STREET ADDRESS  CITY-ST-2P  MAMI FL  23 186  MCDADE, HUGH  12172 SW 131 AVE  MCDADE, HUGH  12172 SW 131 AVE  MCDADE, HUGH  12172 SW 131 AVE  MCDADE, FLIZABETH  12172 SW 131 AVE  MCDADES  CITY-ST-2IP  MCDADES  CITY-ST-	MIAMI FL :	33176													
THE PORTORS STORY STORY MAM FL 33186  STEET ADDRESS CITY-ST-ZIP  TITLE  MAME STREET ADDRESS CITY-ST-ZIP  MIAMI FL 33186  STEET ADDRESS CITY-ST-ZIP  MIAMI FL 33186  STREET ADDRESS CITY-ST-ZIP  MILE  MAME  STREET ADDRESS CITY-ST-ZIP  MILE  Delete  MAME  STREET ADDRESS  ST						-	City					FL	Zip Cod	e	1
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Floridad Department of State  10.				atement for the purp	ose of changing its	registered	office o	r registered	d agent, c	or both, in the State	of Florida. I	am fam	iliar with,	and accept	1
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State    Change   Ch	SIGNATURE.	Signature, typed o	or printed name of reg	sistered agent and title if app	icable. (NOT	E: Registered /	Agent signat	ure required wh	hen reinstatin	ng)	DA	ſΈ			
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12. I hereby certify that the information supplied with this filling 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!