

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000069451

1. Entity Name

MACDONALD DESIGN ASSOC. INC.

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90113 015 ***150.00

Principal Place of Business

Mailing Address

2051 NORTH BAY ROAD
MIAMI BEACH FL 33140

2051 NORTH BAY ROAD
MIAMI BEACH FL 33137-3510

2. Principal Place of Business

66 NE 40TH ST

3. Mailing Address

66 NE 40TH ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL 33137

City & State

MIAMI FL

Zip

33137

Country

Zip

33137

Country

4. FEI Number

65-0519436

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MACDONALD, MATTHEW
1250 LINCOLN RD
#206
MIAMI BEACH FL 33139

Name

Street Address (P.O. Box Number is Not Acceptable)

66 NE 40TH ST

City MIAMI

FL

Zip Code
33137

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 is applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/7/00

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, 2000 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
NAME
STREET ADDRESS
CITY - ST - ZIP
PVTS
MACDONALD, MATTHEW
2051 N. BAY RD.
MIAMI BEACH FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☒ Change ☐ Addition
66 NE 40TH ST
MIAMI, FL 33137

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Delete

TITLE
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CITY - ST - ZIP
☐ Change ☐ Addition

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STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/7/00 (305) 571-7170

CR2E034 (9/99)