

DOCUMENT # P94000081766

1. Entity Name

JOHN MCLEAN TENNIS ENTERPRISES, INC.**FILED**
Jan 16, 2001 8:00 am
Secretary of State

01-16-2001 90011 045 ***150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business % JEWISH COMMUNITY CENTER 11155 SW 112 AVENUE MIAMI FL 33176 US		Mailing Address 15010 SW 132 AVE MIAMI FL 33186 US		<div style="font-size: 2em; margin-bottom: 10px;">DO NOT WRITE IN THIS SPACE</div> <div style="font-size: 1.5em;">4. FEI Number 65-0537113</div> <div style="font-size: 1.2em;">5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required</div>	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<div style="font-size: 1.2em;">5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required</div>	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent			
MCLEAN, LILIANA 15010 SW 132ND AVENUE MIAMI FL 33186		Name		<div style="font-size: 1.2em;">5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required</div>	
		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.					
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 30%; text-align: center;"> FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State </div> <div style="width: 30%; text-align: right;"> <small>(NOTE: Registered Agent signature required when reinstating)</small> DATE </div> </div>					
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> <small>(See criteria on back)</small>		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCLEAN, JOHN		NAME		
STREET ADDRESS	15010 SW 132 AVE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCLEAN, LILIANA		NAME		
STREET ADDRESS	15010 S.W. 132 AVENUE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33186		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: John McLean 1-5-01 (305) 271-9000 x271					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

CR2E034 (10/00)