

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000081264

1. Entity Name

MACKEY HEALTH INSTITUTE, INC.

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90146 022 ***150.00

Principal Place of Business

6800 SW 45 LN

1

MIAMI FL 33155

US

Mailing Address

6800 SW 45 LN

1

MIAMI FL 33401-7726

US

2. Principal Place of Business

1900 S. Olive Avenue

Suite, Apt. #, etc.

2nd Floor

3. Mailing Address

1900 S. Olive Avenue

Suite, Apt. #, etc.

2nd Floor

City & State

West Palm Beach, FL

City & State

West Palm Beach, FL

Zip

33401

Country

USA

Zip

33401

Country

U.S.A.

4. FEI Number

59-3311353

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

MACKEY, BONNIE

6800 SW 45 LANE #1

MAIMI FL 33155

Name

Mackey, Bonnie

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

1900 S. Olive Avenue

City

West Palm Beach

FL

Zip Code

33401

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

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

(NOTE: Registered Agent signature required when reinstating)

1/4/00

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, 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	S	<input type="checkbox"/> Delete
NAME	EGOL, NANCY	
STREET ADDRESS	6800 SW 45 LANE #1	
CITY-ST-ZIP	MAIMI FL 33155	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CHEN, REGINA	
STREET ADDRESS	6800 SW 45 LANE #1	
CITY-ST-ZIP	MAIMI FL 33155	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EGOL, NANCY	
STREET ADDRESS	1900 S. Olive Avenue	
CITY-ST-ZIP	West Palm Beach, FL 33401	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHEN, REGINA	
STREET ADDRESS	1900 S. Olive Avenue	
CITY-ST-ZIP	West Palm Beach, FL 33401	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mackey, Susan	
STREET ADDRESS	1900 S. Olive Avenue	
CITY-ST-ZIP	West Palm Beach, FL 33401	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE:

Bonnie Mackey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/00 (561) 832-1900
Date Daytime Phone #

CR2E034 (9/99)