

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 07, 2000 8:00 am**  
**Secretary of State**

02-07-2000 90031 033 \*\*\*150.00

**DOCUMENT # P97000007290**

1. Entity Name

**MACPAT, INC.**

Principal Place of Business

Mailing Address

~~10206 HUNT CLUB LANE~~  
**PALM BEACH GARDENS FL 33418**

~~10206 HUNT CLUB LANE~~  
**PALM BEACH GARDENS FL 33418-4537**

2. Principal Place of Business

**5440 No. OCEAN DR.**

3. Mailing Address

**5440 No. OCEAN DR.**

Suite, Apt. #, etc.

**#805**

Suite, Apt. #, etc.

**#805**

City & State

**SINGER ISLAND**

City & State

**SINGER ISLAND**

Zip

**33404**

Country

**USA**

Zip

**33404**

Country

**USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-0729431**

Applied For

Not Applied

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**MCCAULEY, PATRICK**

~~10206 HUNT CLUB LANE~~

~~PALM BEACH GARDENS FL 33418~~

7. Name and Address of New Registered Agent

Name

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

**5440 No. OCEAN DR.**

**#805**

City

**SINGER ISLAND**

FL

**33404**

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

**2/2/00**

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

TITLE	<b>PSCD</b>	<input type="checkbox"/> Delete
NAME	<b>MCCAULEY, PATRICK</b>	
STREET ADDRESS	<del>10206 HUNT CLUB LANE</del>	
CITY-ST-ZIP	<del>PALM BEACH GARDENS FL 33418</del>	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS	<b>5440 No. OCEAN DR. #805</b>	
CITY-ST-ZIP	<b>SINGER ISLAND FL 33404</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/2/00**

Date

Daytime Phone #

**561-762-3**