

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2000 8:00 am
Secretary of State
 05-18-2000 90384 050 ***150.00

DOCUMENT # P97000039889

1. Entity Name
MCAD, INC.

Principal Place of Business
 3915 N FEDERAL HIGHWAY
 POMPANO BEACH FL 33064

Mailing Address
 3915 N FEDERAL HIGHWAY
 POMPANO BEACH FL 33064-6042

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0751143**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

GILLES, DESCOTEAUX
830 N RIVERSIDE DRIVE
POMPANO BEACH FL 33062

Name

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

1000 N.W. 45 ST UNIT A-6
POMPANO BEACH, FL 33064

City

FL

Zip Code

33064

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

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	<input type="checkbox"/> Delete
	P			
	GILLES, DESCOTEAUX	830 N RIVERSIDE DRIVE	POMPANO BEACH FL 33062	
	V			
	HAUNZELL, DAVE	830 N RIVERSIDE DRIVE	POMPANO BEACH FL 33062	
	V			
	DUBOIS, AUDREY	830 N RIVERSIDE DRIVE	POMPANO BEACH FL 33062	
	ST			
	NADEAN, MICHELINE	830 N RIVERSIDE DRIVE	POMPANO BEACH FL 33062	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		1000 N.W. 45 ST UNIT A-6	POMPANO BEACH, FL 33064		
		1000 N.W. 45 ST UNIT A-6	POMPANO BEACH, FL 33064		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)