

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 21, 2001 8:00 am**  
**Secretary of State**

08-21-2001 90007 013 \*\*\*550.00

002665 AV

**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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0751143

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

GILLES, DESCOTEAUX

1000 NW 45 ST

UNIT A-6

POMPANO BEACH FL 33064

7. Name and Address of New Registered Agent

Name

MARIA C. ALBUQUERQUE

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

3915 N FEDERAL HIGHWAY

POMPANO BEACH - FL 33064

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.

SIGNATURE

*Gilles Descoteaux*

President

08/07/2001

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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 **P** ☐ Delete  
 NAME GILLES, DESCOTEAUX  
 STREET ADDRESS 1000 NW 45 ST UNIT A-6  
 CITY-ST-ZIP POMPANO BEACH FL 33064

TITLE **V** ☒ Delete  
 NAME HAUNZELL, DAVE  
 STREET ADDRESS 830 N RIVERSIDE DRIVE  
 CITY-ST-ZIP POMPANO BEACH FL 33062

TITLE **V** ☒ Delete  
 NAME DUBOIS, AUDREY  
 STREET ADDRESS 830 N RIVERSIDE DRIVE  
 CITY-ST-ZIP POMPANO BEACH FL 33062

TITLE **ST** ☒ Delete  
 NAME NADEAN, MICHELNE  
 STREET ADDRESS 1000 NW 45 ST UNIT A-6  
 CITY-ST-ZIP POMPANO BEACH FL 33064

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DIRECTOR** ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **JURANDIR T. ALBUQUERQUE** ☐ Change ☒ Addition  
 NAME  
 STREET ADDRESS 9132F SW 20TH STREET  
 CITY-ST-ZIP BOCA RATON, FL 33428  
**PRESIDENT**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **ST** ☐ Change ☒ Addition  
 NAME MARIA C. ALBUQUERQUE  
 STREET ADDRESS 9132F SW 20TH STREET  
 CITY-ST-ZIP BOCA RATON, FL 33428

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 an other like empowered.

SIGNATURE:

*Gilles Descoteaux*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/07/01 (954) 785-1656

Date

Daytime Phone #

CR2E034 (5/01)