2002 UNIFORM BUSINESS REPORT (UBR)

P98000045844

DOCUMENT # 1. Entity Name

MCGLAMERY & BURL CO.

Principal Place of Business

Mailing Address

6380 S.W. 69TH STREET MIAMI FL 33143		6380 S.W. 69TH STREET MIAMI FL 33143									
2. Principal Place of Business		3. Mailing Address				1 1 0011001	;IO 10101 10111 BEILI BOLI	PI WEILF WHILL		(1 81811 418 1 1881	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State		City & State			4.	4. FEI Number 65-0840009			Applied For Not Applicable		
Zip Country		Zip	Zip Count			5. Certificate of Status Desired			\$8.75 Additional Fee Required		
	6. Name and Address of Current	Registered Agent			7. 1	Name and A	ddress of New Re	gistered A	gent	-	_
GRAY, M	NCHAEI		Name								
	v. 69th street		Street Addre			ess (P.O. Box Number is Not Acceptable)					
MIAMI FL				ļ							+
mram v	. 00140			0.1						 	4
				City				FL	Zip Co	de	
8. The above	named entity submits this statement for	or the purpose of changing its	register	ed office or		ent, or both,	in the State of Flori	da.			7
					١,						
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registere	d Agent signatur	e required when re	einstating)		DATE			
n This corn	oration is eligible to satisfy its Intangible					<u> </u>					4
Tax filing requirement and elects to do so. (See criteria on back)		After May 1, 200	FILE NOW!!! FEE IS After May 1, 2002 Fee will Make Check Payable to Depa				on Campaign Finar Fund Contribution.	ncing 🗆	\$5.0 Adde	00 May Be d to Fees	
11.	OFFICERS AND	DIRECTORS	12.		AD	DITIONS/CH	IANGES TO OFFIC	ERS AND	DIRECTOR	S IN 11	1
TITLE	P P P P P P P P P P P P P P P P P P P	☐ Delete	TITLE						☐ Change	☐ Addition	3
NAME STREET ADDRESS	GRAY, MICHAEL 6380 S.W. 69 STREET		NAM	E ET ADDRESS							9
CITY-ST-ZIP	MIAMI FL 33143			-ST-ZIP							١
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I hereby certify that the information supplied with this filing obes 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 accurate and accurate 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 empowere to execute misseport 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 a other life sympowered.

SIGNATURE: