

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2000 8:00 am
Secretary of State

02-05-2000 90047 028 ***158.75

DOCUMENT # P98000056804

1. Entity Name

FRANKLIN A. MCGEE, INC.

Principal Place of Business

Mailing Address

800 CLAUGHTON ISLAND DR.
 #401
 MIAMI FL 33131

800 CLAUGHTON ISLAND DR.
 #401
 MIAMI FL 33131-2656

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0849912

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



**\$8.75 Additional
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCGEE, FRANKLIN A
800 CLAUGHTON ISLAND DR.
#401
MIAMI FL 33131

Name

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

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

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

DPT
MCGEE, FRANKLIN A
800 CLAVEHTON ISLAND DR #401
MIAMI FL 33131

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change

Addit

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

DVPS
MCGEE, EMILIA L
800 CLAVEHTON ISLAND DR #401
MIAMI FL 33131

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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 changed, or on an attachment with an address, with or other like empowered.

SIGNATURE:

Franklin A. McGee
FRANKLIN A. MCGEE 2/2/00 305-377-9127

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #