

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000089635

1. Entity Name

MCKINNISS ENTERPRISES, INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90002 017 ***150.00

Principal Place of Business

4800 SOUTHWEST 17TH STREET
FORT LAUDERDALE FL 33317

Mailing Address

4800 SOUTHWEST 17TH STREET
FORT LAUDERDALE FL 33317-6102

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

SW 17th St

Suite, Apt. #, etc.

4800 SW 17th St

City & State

Fort Lauderdale FL

City & State

Fort Lauderdale FL

Zip

33317

Country

Broward

Zip

33317

Country

Broward

4. FEI Number

65-0869839

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCKINNISS, JOHN
4800 SOUTHWEST 17TH STREET
FORT LAUDERDALE FL 33317

7. Name and Address of New Registered Agent

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

TITLE PD
NAME MCKINNISS, JOHN
STREET ADDRESS 4800 SOUTHWEST 17TH STREET
CITY-ST-ZIP FORT LAUDERDALE FL 33317 ☐ Delete

TITLE ST
NAME MCKINNISS, CYNTHIA A
STREET ADDRESS 4800 SW 17TH ST
CITY-ST-ZIP FT LAUDERDALE FL 33317 ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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

TITLE ☐ Change ☐ Addition
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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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)