

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90245 017 ***150.00

DOCUMENT # P99000022100

1. Entity Name
MADDEN PC, INC.

Principal Place of Business

**3900 NW 79 AVENUE
 #222
 MIAMI FL 33166**

Mailing Address

**3900 NW 79 AVENUE
 #222
 MIAMI FL 33166**

2. Principal Place of Business

4931 SW 75 AV.

Suite, Apt. #, etc.

3. Mailing Address

4931 SW 75 AV.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-0911449

Applied For

Not Applicable

Zip

33155

Country

USA

Zip

33155

Country

USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**INTRASTATE REGISTERED AGENT CORPORATION
 701 BRICKELL AVE., STE. 3000
 MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name **CRYSLER P MCQUIRE**

Street Address (P.O. Box Number is Not Acceptable)
4931 SW 75 AV.

City **Miami**

FL

Zip Code

33155

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

1/15/00

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, 2001 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	DP	<input type="checkbox"/> Delete
NAME	MCQUIRE, CRYSLER P	
STREET ADDRESS	3900 N.W. 79 AVENUE #222	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	MCQUIRE, HARRY	
STREET ADDRESS	3900 N.W. 79 AVENUE #222	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	DTS	<input checked="" type="checkbox"/> Delete
NAME	ROMKEY, TOM	
STREET ADDRESS	3900 N.W. 79 AVENUE #222	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCQUIRE, CRYSLER P	
STREET ADDRESS	4931 SW 75 AV.	
CITY-ST-ZIP	MIAMI, FL 33155	
TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCQUIRE, HARRY	
STREET ADDRESS	4931 SW 75 Ave.	
CITY-ST-ZIP	MIAMI, FL 33155	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

CRYSLER P MCQUIRE

Date

1/15/00

Daytime Phone #

(305) 6686686

CR2E034 (10/00)