

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000048474

1. Entity Name

CAPITAL EASTERN, INC.

FILED
Apr 23, 2000 8:00 am
Secretary of State

04-23-2000 90019 017 ***150.00

Principal Place of Business

175 WEST CAMINO REAL
BOCA RATON FL 33432

Mailing Address

175 WEST CAMINO REAL
BOCA RATON FL 33432-5941

2. Principal Place of Business

580 N.E 33RD ST #2

3. Mailing Address

580 N.E 33RD ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#2

City & State

FORT LAUDERDALE, FL

City & State

FORT LAUDERDALE, FL

4. FEI Number

165-0926335

Applied For

Not Applicable

Zip

33334

Country

Zip

33334

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PLATTER, WILLIAM L
175 WEST CAMINO REAL
BOCA RATON FL 33432

Name

MACKIE, William K.

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

580 NE 33rd St #2
FORT LAUDERDALE

City

FL

Zip Code

33334

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

William K. MacKie, William K. MacKie, President

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 | <input type="checkbox"/> Delete |
|-------|--------------------------|--------------------|---------------------------|---------------------------------|
| P | WILLIAM MACKIE | 580 N.E 33RD ST #2 | FORT LAUDERDALE, FL 33334 | <input type="checkbox"/> |
| V.P. | Office Vacant at Present | | | <input type="checkbox"/> |
| See | William K. MACKIE | above | | <input type="checkbox"/> |
| Treas | William K. MACKIE | above | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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:

William K. MacKie

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/00

Date

954-465-8776

Daytime Phone #

CR2E034 (9/99)