

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000048474

1. Entity Name

CAPITAL EASTERN, INC.

Principal Place of Business

175 WEST CAMINO REAL
BOCA RATON FL 33432

Mailing Address

175 WEST CAMINO REAL
BOCA RATON FL 33432

2. Principal Place of Business

580 N.E. 33RD ST.

Suite, Apt. #, etc.
#2

City & State

FORT LAUDERDALE, FL

Zip

33334

Country

3. Mailing Address

580 N.E. 33RD ST

Suite, Apt. #, etc.
#2

City & State

FORT LAUDERDALE, FL

Zip

33334

Country

4. FEI Number

65-0926335

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PLATTER, WILLIAM L

175 WEST CAMINO REAL
BOCA RATON FL 33432

7. Name and Address of New Registered Agent

Name

WILLIAM MACKIE

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

580 NE 33RD ST #2

City

FORT LAUDERDALE

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 R Mackie

Signature, typed or printed name of registered agent and use if applicable.

(NOTE: Registered Agent signature required when releasing)

5/10/01

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

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

P
MACKIE, WILLIAM
580 N.E. 33RD ST. #2
FORT LAUDERDALE FL 33334

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

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CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

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TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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☐ Change ☐ Addition

TITLE

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:

William R Mackie

Date

4/24/01

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)