

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000056082

1. Entity Name

MCCORMACK & ASSOCIATES, P.A.

**FILED**  
**May 04, 2000 8:00 am**  
**Secretary of State**

05-04-2000 90099 033 \*\*\*150.00

Principal Place of Business

Mailing Address

STE. 1628, 9130 S. DADELAND BLVD.  
 MIAMI FL 33156

STE. 1628, 9130 S. DADELAND BLVD.  
 MIAMI FL 33156-7851

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
 65-0928535

Applied For  
 Not Applicable

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

MCCORMACK, RICHARD R  
 STE. 1628, 9130 S. DADELAND BLVD.  
 MIAMI FL 33156

Name  
 Richard R. McCormack  
 Street Address (P.O. Box Number is Not Acceptable)  
 15921 SW 81 Avenue  
 City Miami FL Zip Code 33157

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 *Richard R. McCormack*  
 Signature, typed or printed name of registered agent and title if applicable.

Richard R. McCormack

4/28/00  
 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 D ☐ Delete  
 NAME MCCORMACK, RICHARD R  
 STREET ADDRESS STE. 1628, 9130 S. DADELAND BLVD.  
 CITY-ST-ZIP MIAMI FL 33156

TITLE D ☒ Change ☐ Addition  
 NAME Richard R. McCormack  
 STREET ADDRESS 15921 SW 81 Avenue, Miami, FL 33157  
 CITY-ST-ZIP MIAMI FL 33157

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
 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

4/28/00  
 Date

(305) 662-1523  
 Daytime Phone #

CR2E034 (9/99)