

**2000 UNIFORM BUSINESS REPORT (UBR)**

5/15/

**FILED**  
**Jun 21, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90288 039 \*\*\*150.00

**DOCUMENT # P99000073769**

1. Entity Name  
**MCALLEES & ASSOCIATES, INC.**



Principal Place of Business      Mailing Address  
**11911 US HWY ONE, SUITE 102**      **11911 US HWY ONE, SUITE 102**  
**N PALM BEACH FL 33408**      **N PALM BEACH FL 33408-2872**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State

4. FEJ Number **65-0946874**      Applied For  
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**KAHN, JEFFREY B**  
~~**450 E LAS OLAS BLVD, SUITE 950**~~  
~~**EL LAUDERDALE FL 33001**~~

Name **Jeffrey B. Kahn**  
 Street Address (P.O. Box Number is Not Acceptable)  
**6598 N.W. 97 Drive**  
 City **Parkland**      **FL**      Zip Code **33076**

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      DATE **6-8-00**

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, 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>Pres / Dir. / Director</b> <b>ELISA MCALLEES</b> <b>11911 US HWY 1 STE 102</b> <b>N.P.B. FL 33408</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR</b> <b>11911 US HWY 1 STE 102</b> <b>N.P.B. FL 33408</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

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:      Date **4/28/00**      Daytime Phone # **5616265433**

CR20004 11/19/01