

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90061 042 ***150.00

DOCUMENT # P99000073769

1. Entity Name

MCALLEES & ASSOCIATES, INC.

Principal Place of Business

**11911 US HWY ONE, SUITE 102
N PALM BEACH FL 33408**

Mailing Address

**11911 US HWY ONE, SUITE 102
N PALM BEACH FL 33408**

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

65-0946874

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

**KAHN, JEFFREY B
450 E LAS OLAS BLVD, SUITE 950
FT LAUDERDALE FL 33301**

7. Name and Address of New Registered Agent

Name **Kahn, Jeffrey B.**

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

3300 University Drive, Suite 711

City **Coral Springs**

FL

Zip Code **33065**

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

4-19-2002

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, 2002 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
**PVPD
MCALLEES, ELYSA
11911 US HWY 1, STE 102
NORTH PALM BEACH FL 33408** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MCALLEES, ALASTAIR
11911 US HWY 1, STE 102
NORTH PALM BEACH FL 33408** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
McAllees, Alastair
11911 US Hwy 1, Ste 102
North Palm Beach, FL 33408** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/02

561 626 5433

CR2E034 (9/01)