

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 13, 2002 8:00 am**  
**Secretary of State**

02-13-2002 90167 025 \*\*\*150.00

**DOCUMENT # P99000081684**

**1. Entity Name**  
**THE MCDONNOUGH'S INVESTMENT GROUP, INCORPORATED**

**Principal Place of Business**  
**WEST BIRD SHOPPING CENTER**  
**11423 SW 40TH STREET #33**  
**MIAMI FL 33165**

**Mailing Address**  
**10224 SW 139TH PLACE**  
**MIAMI FL 33186**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**  
**WESTBIRD SHOPPING CENTER**  
 Suite, Apt. #, etc.  
**11425 S.W. 40th St.**

**3. Mailing Address**  
**19954 N.W. 2nd Ave**  
 Suite, Apt. #, etc.

**City & State**  
**MIAMI, FL**

**City & State**  
**MIAMI, FL 33169**

**4. FEI Number** **65-1004080** **Applied For**  
 **Not Applicable**

**Zip** **33165** **Country** **U.S.A.** **Zip** **33169** **Country** **U.S.A.**

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

**6. Name and Address of Current Registered Agent**  
**MCDONNOUGH, RUDYARD**  
**10224 SW 139TH PLACE 21014 N.E. 32 AVE.**  
**MIAMI FL 33186**  
**MIAMI, FL 33180**

**7. Name and Address of New Registered Agent**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

**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

**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	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDONNOUGH, RUDYARD	NAME	
STREET ADDRESS	10224 SW 139TH PLACE 21014 NE 32 AVE.	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33186 MIAMI, FL 33180	CITY-ST-ZIP	
TITLE	VPSD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDONOUGH, RICHARD W	NAME	
STREET ADDRESS	10224 SW 139TH PLACE 16235 S.W. 97th St	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33186 MIAMI, FL 33196	CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDONOUGH, RUDYARD JR	NAME	
STREET ADDRESS	14321 SW 88TH STREET APT F202	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33186	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 REQUIRED **1-22-02** **(305) 653-4069**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)