

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 15, 2002 8:00 am
Secretary of State

07-15-2002 90206 001 ***400.00
 07-15-2002 90206 002 ***158.75

DOCUMENT # P99000104765

1. Entity Name

525 BUILDING, INC.

Principal Place of Business

**3101 N.W. 16TH TERRACE
 POMPANO BEACH FL 33064-1408**

Mailing Address

**3101 N.W. 16TH TERRACE
 POMPANO BEACH FL 33064-1408**

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 **65-0968323**

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

MCBRIDE, WALTER K

**3101 N.W. 16TH TERRACE
 POMPANO BEACH FL 33064-1408**

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	D	<input type="checkbox"/> Delete
NAME	MCBRIDE, WALTER K	
STREET ADDRESS	3101 NW 16 TERRACE	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCBRIDE, MICHAEL K	
STREET ADDRESS	3101 NW 16 TERRACE	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

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

WALTER K MCBRIDE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

TO: DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FROM: 525 Building, Inc.
3101 N.W. 16th TERR
POMPANO BEACH, FL. 33064

6/18/92
Attachment
Document #
PPA000104765
97355

PLEASE BE ADVISED THAT OUR SECRETARY
— INADVERTENTLY MISPLACED OR MISFILED THE 2002
~~UNIFORM BUSINESS REPORT~~. WE CALLED TO EXPLAIN
THE SITUATION ON WHY WE WERE LATE AND WAS
TOLD TO WRITE A LETTER ON WHY WE ARE PAYING
LATE, PLEASE EXCUSE THE LATE PAYMENT.
THANK YOU IN ADVANCE FOR YOUR UNDERSTANDING.

Wm M. White

OWNER