

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 02, 2001 8:00 am**  
**Secretary of State**

02-02-2001 90012 001 \*\*\*\*61.25  
 02-02-2001 90012 002 \*\*\*\*\*8.75

**DOCUMENT # 703813**

1. Entity Name

**MACTOWN, INC.**

Principal Place of Business

127 N.E. 62ND STREET  
 MIAMI FL 33138

Mailing Address

127 N.E. 62ND STREET  
 MIAMI FL 33138

24048



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-6135600**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**JONES, GREGORY**  
 127 NE 62 ST  
 MIAMI FL 33138

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 \_\_\_\_\_

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GONZALEZ, PETER</b>	
STREET ADDRESS	<b>8765 SW 176 TERR</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>KAYE, HERBERT</b>	
STREET ADDRESS	<b>1000 ST CHARLES PLACE #417</b>	
CITY-ST-ZIP	<b>PEMBROKE PINES FL</b>	
TITLE	<b>C</b>	<input type="checkbox"/> Delete
NAME	<b>ZAKARIN, STANLEY DR.</b>	
STREET ADDRESS	<b>8500 SW 92ND AVENUE</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GRANT, CHRISTOPHER</b>	
STREET ADDRESS	<b>3223 NW 35 WAY</b>	
CITY-ST-ZIP	<b>LAUDERDALE LAKES FL 33309</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HYMAN, ERWIN</b>	
STREET ADDRESS	<b>4525A PANDANUS TREE RD.</b>	
CITY-ST-ZIP	<b>BOYNTON BEACH FL 33436</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>WEITHORN, ANN</b>	
STREET ADDRESS	<b>10000 W. BAY HARBOR DR.</b>	
CITY-ST-ZIP	<b>BAY HARBOR FL</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>JEFFREY COHEN, ESQ</b>	
STREET ADDRESS	<b>297 Sunny Isles Boulevard</b>	
CITY-ST-ZIP	<b>N. MIAMI BEACH, FL 33160</b>	

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 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

1-23-01

305 888 4485

Date

Daytime Phone #

CR2E037 (10/00)