

FILED
Apr 04, 2002 8:00 am
Secretary of State

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 703813

1. Entity Name

MACTOWN, INC.

02-04-2002 90460 002 *****8.75
02-04-2002 90460 001 *****61.25

Principal Place of Business: 127 N.E. 62ND STREET MIAMI FL 33138
Mailing Address: 127 N.E. 62ND STREET MIAMI FL 33138

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



DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-6135600
Applied For: Not Applicable
5. Certificate of Status Desired: [X] \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
JONES, GREGORY
127 NE 62 ST
MIAMI FL 33138

7. Name and Address of New Registered Agent
Name: RAYMOND A. Naeel
Street Address (P.O. Box Number is Not Applicable): 127 NE 62ND STREET
City: MIAMI FL Zip Code: 33138

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: *Raymond Naeel*
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	
TITLE: D NAME: GONZALEZ, PETER STREET ADDRESS: 8765 SW 176 TERR CITY-ST-ZIP: MIAMI FL	<input type="checkbox"/> Delete
TITLE: D NAME: KAYE, HERBERT STREET ADDRESS: 1000 ST CHARLES PLACE #417 CITY-ST-ZIP: PEMBROKE PINES FL	<input type="checkbox"/> Delete
TITLE: C NAME: ZAKARIN, STANLEY DR., STREET ADDRESS: 8500 SW 92ND AVENUE CITY-ST-ZIP: MIAMI FL	<input type="checkbox"/> Delete
TITLE: D NAME: GRANT, CHRISTOPHER STREET ADDRESS: 3223 NW 35 WAY CITY-ST-ZIP: LAUDERDALE LAKES FL 33309	<input checked="" type="checkbox"/> Delete
TITLE: D NAME: HYMAN, ERWIN STREET ADDRESS: 4525A PANDANUS TREE RD. CITY-ST-ZIP: BOYNTON BEACH FL 33436	<input type="checkbox"/> Delete
TITLE: D NAME: COHEN, JEFFREY ESQ. STREET ADDRESS: 297 SUNNY ISLES BLVD. CITY-ST-ZIP: MIAMI FL 33160	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: D NAME: Bloom, Leonard esq STREET ADDRESS: 10000 SW 70th Ave CITY-ST-ZIP: Miami, FL 33156	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: Stanley & Lisa Heilblum STREET ADDRESS: 10241 SW 136th Street CITY-ST-ZIP: Miami, FL 33176	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: MACON Harriet STREET ADDRESS: 3301 N. Country Club Drive #208 CITY-ST-ZIP: Aventura, FL 33180	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: Velez, Margaret STREET ADDRESS: 12655 SW 7th Place CITY-ST-ZIP: Dade, FL 33225	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: Ranson Mary STREET ADDRESS: 7820 NW 163rd St CITY-ST-ZIP: miami FL 33016	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: Torbert Beverly STREET ADDRESS: 18715 NE 18th Ave CITY-ST-ZIP: Miami FL 33179	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

305-758-4485
Daytime Phone #

CR2E037 (9/01)