

# 2001 UNIFORM BUSINESS REPORT (UBR)

00069698 AF

**DOCUMENT # L99000009411**

**FILED**

1. Entity Name  
**MACA DEVELOPERS LLC**

01 MAR 21 AM 10:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**3822 WEST 12TH AVENUE  
HIALEAH FL 33012**

Mailing Address  
**3822 WEST 12TH AVENUE  
HIALEAH FL 33012**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-1081313  
APPLIED FOR**

Applied For  
Not Applicable

DO NOT WRITE IN THIS SPACE

Zip Country

Zip Country

5. Certificate of Status Desired  **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CAYON, MAURICIO  
3822 WEST 12TH AVENUE  
HIALEAH FL 33012**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State**

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

| 9. MANAGING MEMBERS / MEMBERS   |  | 10. ADDITIONS / CHANGES   |  |
|---------------------------------|--|---|--|
| TITLE                           | NAME   | TITLE   | NAME   |
| <input type="checkbox"/> Delete | <b>MGRM<br/>CAYON, MAURICIO<br/>3822 WEST 12TH AVENUE<br/>HIALEAH FL 33012</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| <input type="checkbox"/> Delete |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | <b>900003913029--0<br/>-03/27/01--01098--021<br/>****200.00 *****50.00</b> |
| <input type="checkbox"/> Delete |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| <input type="checkbox"/> Delete |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| <input type="checkbox"/> Delete |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| <input type="checkbox"/> Delete |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**2/01/01**  
Date

**305-823-6721**  
Daytime Phone #

CR2E083 (11/00)