2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State
05-15-2002 90137 003 ****50.00

DOCUMENT # L00000001409

1. Entity Name
MACO GROUP, LLC

Principal Place of Business	Mailing Address
2660 WEST 76 STREET SUITE 107 HIALEAH FL 33014	2660 WEST 76 STREET SUITE 107 HIALEAH FL 33014

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
8001 West 26th Ave.	8001 West 26 Ave.
Suite, Apt. #, etc.: #3	Suite, Apt. #, etc.: #3
City & State: Hialeah, FL	City & State: Hialeah, FL
Zip: 33016 Country: USA	Zip: 33016 Country: USA

4. FEI Number 65-1015155 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MARTINEZ, CARLOS
2660 WEST 76 STREET SUITE 107
HIALEAH FL 33014

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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM REYES, ANTONIA 2660 WEST 76 STREET SUITE 107 HIALEAH FL 33014	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Antonio Reyes 8001 West 26th Avenue, Unit 3 Hialeah, FL 33016	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM MARTINEZ, CARLOS A 2660 WEST 76 STREET SUITE 107 HIALEAH FL 33014	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Carlos A. Martinez 8001 West 26th Avenue, Unit 3 Hialeah, FL 33016	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E083 (9/01)

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 REQUIRED 4/30/02 (305) 558-5400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #