

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 19, 2001 08:00 AM**
Secretary of State**DOCUMENT # 580815**1. Entity Name
MAKRO REPAIRS CORP.**Principal Place of Business**9475 N.W. 89 AVENUE
P O BOX 2372/MIAMI, FL 33143
MIAMI
33178

FL

Mailing Address9475 N.W. 89 AVENUE
P O BOX 2372/MIAMI, FL 33143
MIAMI
33178

FL

2. Principal Place of Business

9475 N.W. 89 AVENUE

3. Mailing Address

9475 N.W. 89 AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number**59-1839831**

Applied For

Not Applicable

Zip

33178

Country**Zip**

33178

Country**5. Certificate of Status Desired**☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent**VARA, A D
9475 NW 89TH AVEMEDLEY FL
33178**7. Name and Address of New Registered Agent****Name**

VARA ALBERT P

Street Address (P.O. Box Number is Not Acceptable)

9475 NW 89TH AVE

City
MEDLEY

FL

Zip Code
33178

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 **ALBERT VARA**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

02/19/2001

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, 2001 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**

TITLE	S	☐ Delete
NAME	VARA CARLOS A	
STREET ADDRESS	9475 NW 89TH AVE.	
CITY-ST-ZIP	MEDLEY FL 33178	
TITLE	P	☐ Delete
NAME	VARA ALBERT	
STREET ADDRESS	9475 NW 89TH AVE.	
CITY-ST-ZIP	MEDLEY FL 33178	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ 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: **Albert Vara**

P

02/19/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)