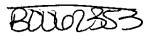
2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

			•		• .		6/2		FILI			
		# 663480	NESS REPO	RT	(UBF	?)		Aug 1' Secre	7, 20(etary)1 8 ոք	3:00 State	am
1. Entity Na		# 000 100		o		Ì			2001 90289			
	PORTS, IN	c.							2001 90289			
Principal Pla	ace of Business	<u>,</u>	Mailing Address									
7901 N.W. 677H STREET MIANN FL 33166 US		7901 N.W. 67TH STREET MAMI FL 33166 US										
2. Principal	Place of Busine	ss	3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City-& State			City & State		<u>-</u>	4.	FEI Numb	er 59-196214	10		pplied For	7
Zip	-	Country	Zip	Cour	ntry .		Certificate	of Status Desired		3.75, Ad e Require		-
	6 Name a	nd Address of Current Re	gistered Agent		P	7.	Name and	Address of New		·		
- SAL	ICEDO, MARII	ON		٠	Name			•	•			l
7901 NW 67 STRI MIAMI FL 33166					Street Address (P.O. Box Number is Not Acceptable)							1
MIA:	MI FL 33166	i	•	•						-		7
		1			City	·			FL	Zip Cod	ie	1
8. The above	named entity s	submits this statement for th	ne purpose of changing its	register	ed office or re	gistered ag	ent, or bo	th, in the State of Fi	lorida.		***	
SIGNATURE	Signature, typed or	printed name of registered agent and	title if applicable. (NOTE:	Registere	d Agent eignature	required when re	einstating)		DATE			
Tax filing		e to satisfy its Intangible delects to do so.	FILE NOW!! After MAY 1, 200 Make Check Payab	1 Fee	will be \$550	0.00		ction Campaign Fir st Fund Contribution			O May Be	
11.		OFFICERS AND DIE		12.	- partment o		DITIONS/	CHANGES TO OFF	ICERS AND DI	RECTOR	SIN 11	-
IITLE	SAUCEDO,	I MARINO	☐ Delete	TITLE			<u>, </u>			Change	Addition	<u></u>
NAME STREET ADDRESS	7901 NW 67			NAME	ET ADDRESS							E034 (10/00)
CITY-ST-ZIP	MIAMI FL 33	166			ST-ZIP							
TITLE NAME	SAUCEDO,		☐ Delete	TITLE NAME	I					Change	☐ Addition] ਲ
STREET ADDRESS CITY-ST-ZIP	7901 NW 67 Miami Fl 33				ST-ZIP							
TITLE NAME	T # 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		☐ Delete	TITLE		•				Change	☐ Addition	
-STREET ADGRESS CITY-ST-ZIP] per ruperentant part une une			T ADDRESS	-			• "			
TITLE	·		☐ Delete	TITLE		•	,			Change	Addition]
NAME STREET ADDRESS CITY-ST-ZIP		!			T ADORESS ST-ZIP							! !
TITLE			☐ Delete	IITLE						Change	Addition	
NAME STREET ADDRESS		1 1 - - - - - - - - - - - - - - - - - -			ADDRESS							
CITY-ST-ZIP TITLE	<u> </u>	1	□ Delate	CITY-S TITLE	ST-ZIP				П	 Change	☐ Addition	1
NAME Street address		 		name Street	ADDRESS				,	· • •		
CITY-ST-ZIP		<u> </u>		CITY-S								
of the corp	poration or the re		filing does not qualify for the and accurate and that my ed to execute this report as all other like empowered.									
SIGNAT	URE:	Vatricia	Januel -			6/2	5/01	,	305/59	73-9	900	
	-	UCHATURE AND TYPED OR SOUTH	A LA LAC DE DIGUELO DE COMO					· · · · · · · · · · · · · · · · · · ·	<u> </u>	<u>~</u>	·	



June 11, 2001

FLORIDA DEPARTMENT OF STATE Division of Corporations Attn.: Ms. Katherine Harris Secretary of State P.O. Box 6327 Tallahassee, Fl 32314

Subject: MAC IMPORTS, INC. Reference No. 663480

Dear Ms. Katherine Harris:

After talking over the phone with one of your officers of the Division of Corporations at 850 488-9000, we respectfully request your forgiveness of the fee of \$400 for filing late the UBR Form.

As we mentioned in our letter, this is the first time in twenty years that we sent the form late.

We hope you consider our petition with our promise of do not repeating this oversight again. We will be looking forward for your response.

Respectfully yours,

MACIMPORTS, INC.

FEI # 59-1962140=

Patricia Saucedo

SDT