

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000006408

1. Entity Name

MACADEMIA, INC.

FILED
Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90033 010 ***150.00

0135583

Principal Place of Business

676 WEST PALM AIRE DRIVE
POMPANO BEACH FL 33069

Mailing Address

676 WEST PALM AIRE DRIVE
POMPANO BEACH FL 33069

00030991



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4040 NE 2nd AV.

Suite, Apt. #, etc.

SUITE 304

City & State

MIAMI, FL

Zip

33137

Country

USA

3. Mailing Address

4040 NE 2nd AV.

Suite, Apt. #, etc.

SUITE 304

City & State

MIAMI, FL

Zip

33137

Country

USA

4. FEI Number 65-1054139

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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)

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	SD	<input checked="" type="checkbox"/> Delete
NAME	CELI, LEOPOLDO C	
STREET ADDRESS	676 WEST PALM AIRE DRIVE	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	PEREZ DUQUE, ALEJANDRO	
STREET ADDRESS	676 WEST PALM AIRE DRIVE	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LAURIA, ANDRES	
STREET ADDRESS	676 WEST PALM AIRE DRIVE	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CELI, LEOPOLDO	
STREET ADDRESS	4040 NE 2 nd AV. #304	
CITY-ST-ZIP	MIAMI, FL 33137	
TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEREZ DUQUE, ALEJANDRO	
STREET ADDRESS	4040 NE 2 nd AV. #304	
CITY-ST-ZIP	MIAMI, FL 33137	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAURIA, ANDRES	
STREET ADDRESS	4040 NE 2 nd AV. #304	
CITY-ST-ZIP	MIAMI, FL 33137	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

LEOPOLDO CAJENAS-CELI

3/5/01

(305) 438 1740

CR2E034 (10/00)