

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

**2660 WEST 76 STREET SUITE 107
HIALEAH FL 33014**

Mailing Address

**2660 WEST 76 STREET SUITE 107
HIALEAH FL 33014**

2. Principal Place of Business

8001 West 26th Ave.

3. Mailing Address

8001 West 26th 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



DO NOT WRITE IN THIS SPACE

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

TITLE **MGRM** ☐ Delete
NAME **REYES, ANTONIA**
STREET ADDRESS **2660 WEST 76 STREET SUITE 107**
CITY-ST-ZIP **HIALEAH FL 33014**

TITLE **MGRM** ☐ Delete
NAME **MARTINEZ, CARLOS A**
STREET ADDRESS **2660 WEST 76 STREET SUITE 107**
CITY-ST-ZIP **HIALEAH FL 33014**

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

10. ADDITIONS/CHANGES

TITLE **MGRM** ☒ Change ☐ Addition
NAME **Antonio Reyes**
STREET ADDRESS **8001 West 26th Avenue, Unit 3**
CITY-ST-ZIP **Hialeah, FL 33016**

TITLE **MGRM** ☒ Change ☐ Addition
NAME **Carlos A. Martinez**
STREET ADDRESS **8001 West 26th Avenue, Unit 3**
CITY-ST-ZIP **Hialeah, FL 33016**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/30/02 **(305) 558-5400**

Date

Daytime Phone #