

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90182 015 \*\*\*\*\*55.00

**DOCUMENT # L00000001409**

1. Entity Name

**MACO GROUP, LLC**



Principal Place of Business

Mailing Address

**8001 WEST 26TH AVENUE  
#3  
HIALEAH FL 33016**

**8001 WEST 26TH AVENUE  
#3  
HIALEAH FL 33016**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**30063586**



☒ CHECK HERE IF MAKING CHANGES

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

7. Name and Address of New Registered Agent

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

Name **CARLOS MARTINEZ**

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

**8001 W 26TH AVE #3**

City **HIALEAH**

**FL**

Zip Code **33016**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/25/03**

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME **MGRM**  
**REYES, ANTONIA**  
STREET ADDRESS  
CITY-ST-ZIP **8001 WEST 26TH AVENUE, UNIT 3  
HIALEAH FL 33016** ☐ Delete

TITLE  
NAME **ANTONIO REYES** ☒ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP **PARTNER**

TITLE  
NAME **MGRM**  
**MARTINEZ, CARLOS A**  
STREET ADDRESS  
CITY-ST-ZIP **8001 WEST 26TH AVENUE, UNIT 3  
HIALEAH FL 33016** ☐ Delete

TITLE  
NAME **MANAGING MEMBER** ☒ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP **PARTNER**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME **PARTNER** ☐ Change ☒ Addition  
STREET ADDRESS  
CITY-ST-ZIP **JORGE A. MARTINEZ  
8001 W 26TH AVE, UNIT #3  
HIALEAH, FL 33016**

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

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

Date

Daytime Phone #

**4/25/03**

**305-558-5400**

CR2E083 (10/02)