

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000010677

1. Entity Name

MAC PROPERTIES, LLC

FILED

01 OCT 12 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

3001 SW 132 AVE.
MIAMI FL 33175

Mailing Address

3001 SW 132 AVE.
MIAMI FL 33175

2. Principal Place of Business

3001 SW 132 AVE

3. Mailing Address

3001 SW 132 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIAMI, FL 33175

City & State
MIAMI FL 33175

4. FEI Number

65-1040403

Applied For

Not Applicable

Zip
33175

Country
USA

Zip
33175

Country
DADE

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

Name

CRUZ, MANUEL
3001 SW 132ND AVE.
MIAMI FL 33175

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

7/1/01

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State
Due By September 26, 2001

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-10/18/01--01022--017

*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MANAGER
MANUEL CRUZ
3001 SW 132 AVE
MIAMI FL 33175

TITLE
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☐ Change ☐ Addition

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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 #

7/1/01

CR2E083 (5/01)