

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90393 026 ****50.00

DOCUMENT # L01000004605

1. Entity Name

MAC INVESTMENTS, LLC ✓

DO NOT WRITE IN THIS SPACE

956125

2. Principal Place of Business
110 E. Broward Blvd.

3. Mailing Address
110 E. Broward Blvd.

Suite, Apt. #, etc.
17th Floor

Suite, Apt. #, etc.
17th Floor

City & State
Ft. Lauderdale, FL

City & State
Ft. Lauderdale, FL

Zip
33301

Country

Zip
33301

Country

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name
Sherwin P. Simmons, P.A.

Street Address (P.O. Box Number is Not Acceptable)
200 S. Biscayne Blvd.

Ste. 4000

City
Miami

FL

Zip Code
33131

**DO NOT WRITE
IN THIS SPACE**

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.

4/25/02

DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE
Member
NAME
Vincent K. Chhabra
STREET ADDRESS
110 E. Broward Blvd.
CITY - ST - ZIP
Ft. Lauderdale, FL 33301

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
Manager
NAME
Naresh Chhabra
STREET ADDRESS
110 E. Broward Blvd.
CITY - ST - ZIP
Ft. Lauderdale, FL 33301

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

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IN THIS SPACE**

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

Vincent K. Chhabra, Member

Date

Daytime Phone #

CR2E083B (12/01)