

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90746 044 \*\*\*\*\*50.00

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**DOCUMENT # L96000000501**

1. Entity Name

**MACO HOLDINGS, L.C.**



Principal Place of Business

**120 S. UNIVERSITY DR., STE C  
PLANTATION FL 33324**

Mailing Address

**120 S. UNIVERSITY DR., STE C  
PLANTATION FL 33324**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0666580**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ -

**\$5.00, Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FEINSTEIN, MARVIN  
120 SOUTH UNIVERSITY DRIVE, SUITE C  
PLANTATION FL 33324**

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. 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

**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 **D** ☐ Delete  
NAME **SPRITZER, MICHAEL**  
STREET ADDRESS **7700 N.KENDALL DR. PENTHOUSE FIVE**  
CITY-ST-ZIP **MIAMI FL 33156**

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

TITLE **D** ☐ Delete  
NAME **MARCO, LISA**  
STREET ADDRESS **2795 PADDOCK ROAD**  
CITY-ST-ZIP **WESTON FL 33331**

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

TITLE **D** ☐ Delete  
NAME **LAS OLAS INVESTMENTS, INC.**  
STREET ADDRESS **1777 RUE BEGIN VILLA ST. LAURENT, QUEBEC**  
CITY-ST-ZIP **CANADA HAW 275**

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

TITLE **D** ☐ Delete  
NAME **HELLALAND INVESTMENTS LTD.**  
STREET ADDRESS **5900 ARMSTRONG AVENUE #603**  
CITY-ST-ZIP **COTA ST. LUC. QUEBEC CANADA**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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: Lisa Marco**

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

**4/09/03 954423-9749**

Date

Daytime Phone #

CR2E083 (10/02)