

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L98000002665**

1. Entity Name

MACO CONSTRUCTION, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP 25 AM 11:02

Principal Place of Business

2660 WEST 76TH STREET, SUITE 107
HIALEAH FL 33016

Mailing Address

P.O. BOX 5139
HIALEAH FL 33014

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0877999

Applied For

Not Applicable

Zip

Country

Zip

Country

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 M

**2660 WEST 76TH STREET, SUITE 107
HIALEAH FL 33016**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete
NAME **MGR**
STREET ADDRESS **MARTINEZ, CARLOS M**
CITY-ST-ZIP **2660 WEST 76TH STREET, SUITE 107
HIALEAH FL 33016**

☐ Change ☐ Addition
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-09/29/00--01057--004
*******55.00 *****55.00**

TITLE ☐ Delete
NAME **MGR**
STREET ADDRESS **MARTINEZ, MIRIAM**
CITY-ST-ZIP **2660 WEST 76TH STREET, SUITE 107
HIALEAH FL 33016**

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

MANAGER

Date

Daytime Phone #

CARLOS M MARTINEZ

9/21/00 (305) 556-8400

CR2E083 (5/00)