

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000002665			
1. Entity Name MACO CONSTRUCTION, L.L.C.			
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 Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0877999		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MARTINEZ, CARLOS M 2660 WEST 76TH STREET, SUITE 107 HIALEAH FL 33016		7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By September 26, 2001			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARTINEZ, CARLOS M 2660 WEST 76TH STREET, SUITE 107 HIALEAH FL 33016 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARTINEZ, MIRIAM 2660 WEST 76TH STREET, SUITE 107 HIALEAH FL 33016 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500004609806-0 -09/25/01--01008--010 *****55.00 *****55.00
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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: <u>MANAGER</u> 9/10/01 (305) 556-8400			

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STAPLE CHECK HERE