

2001 UNIFORM BUSINESS REPORT (UBR)

0014/05 AF

DOCUMENT # L99000007673
1. Entity Name
 THE MACT GROUP, L.L.C.

FILED

01 APR 23 PM 3:58

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business **Mailing Address**
 291 FAN PALM ROAD 291 FAN PALM ROAD
 BOCA RATON FL 33432 BOCA RATON FL 33432



2. Principal Place of Business **3. Mailing Address**
 1500 SOUTH OCEAN BLVD. 1500 SOUTH OCEAN BLVD.
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 #102 #102
 City & State City & State
 BOCA RATON, FL BOCA RATON, FL
 Zip Country Zip Country
 33432 USA 33432 USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0961914 Applied For
 Not Applicable
5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent
 MALINCHAK, WILLIAM
 291 FAN PALM ROAD
 BOCA RATON FL 33432

7. Name and Address of New Registered Agent
 Name MALINCHAK, WILLIAM
 Street Address (P.O. Box Number is Not Acceptable)
 1500 SOUTH OCEAN BLVD. #102
 City BOCA RATON FL Zip Code 33432

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 *W. Malinchak* WILLIAM J. MALINCHAK DATE 04/09/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MALINCHAK, WILLIAM 291 FAN PALM ROAD BOCA RATON FL 33432 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MALINCHAK, WILLIAM 1500 SOUTH OCEAN BLVD. #102 BOCA RATON, FL 33432 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3000004134709-8 -05/03/01--010000 Change 000 Addition *****50.00 *****50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *W. Malinchak* WILLIAM J. MALINCHAK DATE 04/09/01 DAYTIME PHONE # 561-395-9626
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083 (11/00)