

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Sep 02, 2003 8:00 am
Secretary of State

05-01-2003 90292 016 ****70.00
09-02-2003 90181 035 ****70.50

DOCUMENT # N01000008260
1. Entity Name
MACO COMMERCE CENTER, CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: **8001 W 26 AVENUE #3 HIALEAH FL 33016**
Mailing Address: **8001 W 26 AVENUE #3 HIALEAH FL 33016**

2. Principal Place of Business: **2400 W 84 Street**
Suite, Apt. #, etc.: **Suite #14**
City & State: **HIALEAH, FL**
3. Mailing Address: **2400 WEST 84TH STREET #14**
Suite, Apt. #, etc.:
City & State:
Zip: **33018** Country: **DADE**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
MARTINEZ, CARLOS JR
8001 W 26 AVENUE #3
HIALEAH FL 33016

7. Name and Address of New Registered Agent
Name: **CARLOS MARTINEZ**
Street Address (P.O. Box Number is Not Acceptable): **2400 WEST 84TH STREET #14**
City: **HIALEAH** FL Zip Code: **33018**

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]*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE: PD NAME: MARTINEZ, CARLOS JR STREET ADDRESS: 8001 W 26 AVENUE #3 CITY-ST-ZIP: HIALEAH FL 33016	<input type="checkbox"/> Delete
TITLE: VD NAME: DUKE, TERRELL STREET ADDRESS: 8001 W 26 AVENUE #3 CITY-ST-ZIP: HIALEAH FL 33016	<input type="checkbox"/> Delete
TITLE: SD NAME: DE LA PAZ, FRANCISCO STREET ADDRESS: 8001 W 26 AVENUE #3 CITY-ST-ZIP: HIALEAH FL 33016	<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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PD NAME: CARLOS MARTINEZ STREET ADDRESS: 2400 WEST 84 STREET #14 CITY-ST-ZIP: HIALEAH, FL 33016	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VD NAME: TERRELL DUKE STREET ADDRESS: 2400 W 84TH STREET #14 CITY-ST-ZIP: HIALEAH, FL 33016	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD NAME: FRANCISCO DE LA PAZ STREET ADDRESS: 2400 W 84TH STREET #14 CITY-ST-ZIP: HIALEAH, FL 33016	<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: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** **8/25/03** **(305) 556-5400**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (4/03)