

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2001 8:00 am
Secretary of State

0002096

DOCUMENT # N40632

1. Entity Name

M.A.C.A.W. INTERNATIONAL, INC.

04-07-2001 90025 042 ****61.25

Principal Place of Business 753 MINORCA AVENUE CORAL GABLES FL 33134	Mailing Address 753 MINORCA AVENUE CORAL GABLES FL 33134
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DO NOT WRITE IN THIS SPACE

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 65-0289431	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PORCELAIN, SHERRI L.
753 MINORCA AVE.
CORAL GABLES FL 33134**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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 \$61.25**

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	D	<input type="checkbox"/> Delete	PORCELAIN, SHERRI 753 MINORCA AVE. CORAL GABLES FL	<input type="checkbox"/>	<input type="checkbox"/>
	D	<input type="checkbox"/> Delete	FORMAN, DAN 753 MINORCA AVE. CORAL GABLES FL	<input type="checkbox"/>	<input type="checkbox"/>
	D	<input type="checkbox"/> Delete	CONSTANTE, SONIA 9159 SW 77TH AVE #303 MIAMI FL	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Delete		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Delete		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Delete		<input type="checkbox"/>	<input type="checkbox"/>

CR2E037 (10/00)

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: *DAN FORMAN* **4-4-01** **305-444-3390**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #