

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000018863

1. Entity Name

MACA MARINE, INC.

FILED

May 03, 2001 8:00 am
Secretary of State

05-03-2001 90918 008 ***150.00

Principal Place of Business

901 PONCE DE LEON BLVD.
SUITE 601
CORAL GABLES FL 33134

Mailing Address

901 PONCE DE LEON BLVD.
SUITE 601
CORAL GABLES FL 33134

757645



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3300 N.W. NORTH RIVER DR.

3. Mailing Address

3300 N.W. NORTH RIVER DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

65-1069779

Applied For

Not Applicable

Zip

33142

Country

USA

Zip

33142

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALBORNOZ, WILLIAM H ESQ.
901 PONCE DE LEON BLVD.
SUITE 601
CORAL GABLES FL 33134

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

MANUEL AL ABDALLAH

04/26/01

Signature, type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	AL ABDALLAH, MANUEL	
STREET ADDRESS	901 PONCE DE LEON BLVD. SUITE 601	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MANUEL AL ABDALLAH

04/26/01 305-638-1095

Date

Daytime Phone #

CR2E034 (10/00)