

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 11, 2001 8:00 am**  
**Secretary of State**  
 05-11-2001 90103 006 \*\*\*150.00

**DOCUMENT # P00000096989**

1. Entity Name  
**THECMAC CORP.**

Principal Place of Business  
**3451 8 AVE N**  
**ST PETERSBURG FL 33713**

Mailing Address  
**3451 8 AVE N**  
**ST PETERSBURG FL 33713**

2. Principal Place of Business  
**9900 55th ave North**  
 Suite, Apt. #, etc.

3. Mailing Address  
**9900-55th ave North**  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
**St. Petersburg FL**  
 Zip  
**33708**  
 Country  
**USA**

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 Zip  
**33708**  
 Country  
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4. FEI Number  
**59-3677211**  
 Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**CABALLEROS, CARLOS E**  
**3451 8 AVE N**  
**ST PETERSBURG FL 33713**

**7. Name and Address of New Registered Agent**

Name  
**Carlos E. Caballeros**  
 Street Address (P.O. Box Number is Not Acceptable)  
**9900 55th ave North**  
 City  
**St. Petersburg** FL Zip Code  
**33708**

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 **Carlos Caballeros**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-24-01**

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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD</b> <b>CABALLEROS, CARLOS E</b> <b>3451 8 AVE N</b> <b>ST PETERSBURG FL 33713</b>	<input checked="" 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

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD</b> <b>Caballeros, Carlos E</b> <b>9900 55th ave North</b> <b>ST PETERSBURG FL 33708</b>	<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
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

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, 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: **Carlos Caballeros**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-24-01** **(727) 392-7266**

Date

Daytime Phone #

CR2E034 (10/00)