

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90470 001 ***158.75

0024359 AV

DOCUMENT # P00000103649

1. Entity Name
MAHEC HOLDINGS, INC.



Principal Place of Business

P.O. BOX 558802
MIAMI FL 33255

Mailing Address

P.O. BOX 558802
MIAMI FL 33255

11002950



2. Principal Place of Business

3. Mailing Address

P.O. Box 771611
Suite, Apt. #, etc.

P.O. Box 771611
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

65-1053294

Applied For

Not Applicable

Zip

33177

Country

USA

Zip

33177

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

MANSO, HECTOR R
5133 N.W. 4TH TERRACE
MIAMI FL 33126

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PTD
MANSO, HECTOR R
P.O. BOX 558802
MIAMI FL 33255

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P.O. Box 771611
MIAMI, FL 33177

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SVD
MANSO, MADELIN
P.O. BOX 558802
MIAMI FL 33255

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P.O. Box 771611
MIAMI, FL 33177

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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 607, 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

President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

786-4026049

CR2E034 (10/02)