

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State
 05-14-2002 90324 003 ***150.00

DOCUMENT # P00000116029

1. Entity Name
M.A.C. CARE SERVICES, INC.

Principal Place of Business

~~8500 S.W. 8TH STREET~~
~~#248~~
~~MIAMI FL 33144~~

Mailing Address

~~8500 S.W. 8TH STREET~~
~~#248~~
~~MIAMI FL 33144~~

2. Principal Place of Business

18350 NW 2ND AVE

3. Mailing Address

Suite, Apt. #, etc.

601

City & State

Miami FL

City & State

Zip

33169

Country

Country

4. FEI Number

65-1080077

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

MACHADO, ANICIA C

~~8500 S.W. 8TH STREET~~ **18350 NW 2ND AVE**

~~#248~~ **SUITE 601**

~~MIAMI FL 33144~~ **MIAMI FL 33169**

7. Name and Address of New Registered Agent

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

Signature, typed 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, 2002 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 **PD** ☐ Delete
 NAME **MACAHDO, ANICIA C**
 STREET ADDRESS **8500 S.W. 8TH STREET #248 18350 NW 2ND AVE**
 CITY-ST-ZIP **MIAMI FL 33144 MIAMI FL 33169**

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

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 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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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: **Anicia Castillo M.**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-2502 305 249-5340

CR2E034 (9/01)