

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90136 040 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **PO10000009533**

1. Entity Name

MACC INVESTMENT CORP

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

P.O. Box 557852

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 557852

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI, FLORIDA

City & State

MIAMI, FL

4. FEI Number

65-1072532

Applied For

Not Applicable

Zip

33255

Country

USA

Zip

33255

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

STEWART APPELROUTH

Street Address (P.O. Box Number is Not Acceptable)

999 PONCEDELEON BLVD

SUITE 625

City

CORAL GABLES

FL

Zip Code

33134

**DO NOT WRITE
IN THIS SPACE**

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

4/3/02

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

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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: **PRESIDENT**
NAME: **ARTURO DE LA NUEZ**
STREET ADDRESS: **P.O. Box 557852**
CITY-ST-ZIP: **MIAMI, FL 33255**

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/02

Date

(305)663-1747

Daytime Phone #

CR2E034B (12/01)