

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jun 01, 2005 08:00 AM

*NOTE - I DID NOT RECEIVE
ANY NOTICE FROM
DIVISION OF CORPORATIONS
FOR THAT REASON I GET LATE
THAN.*

DOCUMENT # P01000021198

1. Entity Name
MAC INTERNATIONAL USA INCORPORATED



Principal Place of Business

1710 THOMAS ST.
#11, HOLLYWOOD
HOLLYWOOD, FL 33020

Mailing Address

1710 THOMAS ST.
#11, HOLLYWOOD
HOLLYWOOD, FL 33020

DO NOT WRITE IN THIS SPACE



05252005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-1094501

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SULTANA, SHAMIMA
3057 NE 16TH AVE.
OAKLAND PARK, FL 33334

**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. 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 \$550.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P
NAME UDDIN, MOHAMMED N
STREET ADDRESS 1710 THOMAS ST #12
CITY-ST-ZIP HOLLYWOOD, FL 33020

TITLE VP
NAME UDDIN, MOHAMMED S
STREET ADDRESS 1710 THOMAS ST #12
CITY-ST-ZIP HOLLYWOOD, FL 33020

TITLE D
NAME UDDIN, MOHAMMED G
STREET ADDRESS 1710 THOMAS ST #12
CITY-ST-ZIP HOLLYWOOD, FL 33020

TITLE T
NAME SATTER, ABDUS
STREET ADDRESS 1710 THOMAS ST #12
CITY-ST-ZIP HOLLYWOOD, FL 33020

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000368815
06/01/05-80001-018 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone If

05-25-05, (954) 893-4002