

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

FILED
Apr 30, 2003 8:00 am
Secretary of State
04-30-2003 90128 021 ***150.00

DOCUMENT # **P0100002198** ✓

1. Entity Name

MAC INTERNATIONAL USA INC.

DO NOT WRITE IN THIS SPACE

11029380

2. Principal Place of Business

1710 Thomas St.

3. Mailing Address

1710 Thomas St.

City, Apt. #, etc.

11, HOLLYWOOD

City, Apt. #, etc.

11, HOLLYWOOD

City & State

FLORIDA

City & State

FLORIDA

Zip

33020

Country

USA

Zip

33020

Country

USA

4. FEI Number

65-1094501

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

SHAMIMA SULTANA

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

3057 NE 16th Ave

OAKLAND PARK

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

04/20/03

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 **P** **UDDIN MOHAMMAD . N**
NAME
STREET ADDRESS
CITY - ST - ZIP **SAME AS LAST YEAR**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE **VP** **UDDIN MOHAMMAD . S**
NAME
STREET ADDRESS
CITY - ST - ZIP **"**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE **D** **UDDIN MOHAMMAD**
NAME
STREET ADDRESS
CITY - ST - ZIP **- G**
AS AS LAST YEAR

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE **D** **SATTAR ABDUS**
NAME
STREET ADDRESS
CITY - ST - ZIP **AS LAST YEAR**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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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)(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 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 #

NAZIM UDDIN **04/20/03**

CR2E034B (12/01)