

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

0316345 AV

DOCUMENT # P01000055770

1. Entity Name
MACUCA, INC.



Principal Place of Business
11762 S.W. 88TH STREET, #111
MIAMI FL 33186

Mailing Address
11762 S.W. 88TH STREET, #111
MIAMI FL 33186



2. Principal Place of Business
10585 SW 109th Court

3. Mailing Address
10585 SW 109th Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

201

201

City & State

Miami, FL

City & State

Miami, FL

Zip **33176**

Country **US**

Zip **33176**

Country **US**

4. FEI Number **65-1141267**

Applied For
Not Applicable

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

XX CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DE LA PAZ, FRANCISCO
11762 S.W. 88TH STREET, #111
MIAMI-FL 33186

Name **Buroserv**

Street Address (P.O. Box Number is Not Acceptable)
10585 SW 109th Court

Suite 201

City **Miami**

FL

Zip Code **33176**

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.

Francisco De La Paz 4/30/2003

(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 **PSTD** ☐ Delete
NAME **DE LA PAZ, FRANCISCO**
STREET ADDRESS **11762 S.W. 88TH STREET, #111**
CITY-ST-ZIP **MIAMI FL 33186**

TITLE **PSTD** ☒ Change ☐ Addition
NAME **Francisco De La Paz**
STREET ADDRESS **10585 SW 109th CT, Ste 201**
CITY-ST-ZIP **Miami, FL 33176**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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NAME
STREET ADDRESS
CITY-ST-ZIP

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: **Francisco De La Paz 4/30/2003 305-596-5655**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 10/02