

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90459 049 \*\*\*150.00

**DOCUMENT # P02000001469**

1. Entity Name  
**MAC INTERNATIONAL BUSINESS SERVICES, INC.**



Principal Place of Business  
**8861 COLONNADES CT W. SUITE 215  
BONITA SPRINGS FL 34135**

Mailing Address  
**8861 COLONNADES CT W. SUITE 215  
BONITA SPRINGS FL 34135**



2. Principal Place of Business  
**21664 Berwhich Run**  
Suite, Apt. #, etc.

3. Mailing Address  
**21664 Berwhich Run**  
Suite, Apt. #, etc.

City & State  
**Estero**

City & State  
**Estero**

4. FEI Number  
**90-0001594**

Applied For  
Not Applicable

Zip Country  
**33928 U.S.A.**

Zip Country  
**33928 U.S.A.**

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

☐ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**ANDRADE, MONICA D**  
**8861 COLONNADES CT W, SUITE 215**  
**BONITA SPRINGS FL 34135**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**21664 Berwhich Run**  
City **Estero** FL Zip Code **33928**

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 *H. Andrade*  
Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

04/24/03  
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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>ANDRADE, MONICA D</b> <b>8861 COLONNADES CT W, SUITE 215</b> <b>BONITA SPRINGS FL 34135</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>21664 Berwhich Run</b> <b>Estero, Florida 33928</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>V</b> <b>ANDRADE, JULIO A.</b> <b>21664 Berwhich Run</b> <b>Estero, Florida 33928</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>D</b> <b>Cisneros, Cristobal</b> <b>8861 Colonnades Ct. W. #231</b> <b>Bonita Springs, Fl 34135</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>D</b> <b>Gabela, Luis O.</b> <b>3335 Timberwood Circle</b> <b>Naples, Fl 34105</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *H. Andrade*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/24/03 (239) 495-7171  
Date Daytime Phone #

0543426 AV

CR2E034 (10/02)