

P16000096969

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

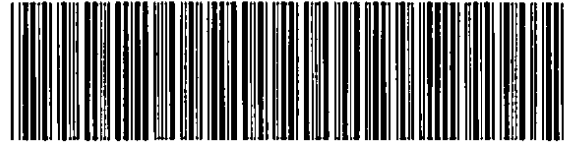
(Business Entity Name)

(Document Number)

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2020 FEB 11 P 3:43

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DC



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 3, 2019

CARLOS L. MACIERA  
4302 GUNN HWY #205  
TAMPA, FL 33618

SUBJECT: MACEIRA GLOBAL SERVICES INC  
Ref. Number: P16000096969

We have received your document for MACEIRA GLOBAL SERVICES INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The new registered listed in part 6 should sign the document in the space provided.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton  
Regulatory Specialist II

Letter Number: 819A00020336



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 16, 2019

CARLOS L. MACEIRA  
4302 GUNN HWY #205  
TAMPA, FL 33618

SUBJECT: MACEIRA GLOBAL SERVICES INC  
Ref. Number: P16000096969

We have received your document for MACEIRA GLOBAL SERVICES INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The officer/director and new registered agent signing the form is different from the name listed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton  
Regulatory Specialist II

Letter Number: 119A00007723

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Maceira Global Services Inc.  
Name of Corporation

DOCUMENT NUMBER: P16000096969

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Carlos L. Maceira  
Name of Contact Person

Maceira Global Services  
Firm/Company

503 W. 128th Ave  
Address

Tampa FL 33612  
City/State and Zip Code

CARLOS MACEIRA  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

① CARLOS L. MACEIRA at ( 813 ) 408-3020  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR  
BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida

1. The name of the corporation: MACEIRA Global Services Inc.  
2. The principal office address: \_\_\_\_\_

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 12-7-16 Document number: P116000096969

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Minerva Gonzalez  
14502 W. Dale Mabry Hwy #332  
Tampa FL 33618

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):


CARLOS L. MACEIRA  
503 W. 128th Ave.  
P.O. Box NOT acceptable  
Tampa FL 33612

2020 FEB 11 P 3:43

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

 \_\_\_\_\_  
Signature of an officer or director

CARLOS L. MACEIRA  
Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

 \_\_\_\_\_  
Signature of Registered Agent

2/5/20  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (03/12)