

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P36489

1. Entity Name

C-MAC OF AMERICA, INC.

Principal Place of Business

MANGONIA PARK  
1601 HILL AVE.  
W. PALM BCH. FL 33401  
US

Mailing Address

MANGONIA PARK  
1601 HILL AVE.  
W. PALM BCH. FL 33401  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0296170

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LINK, WENDY S  
222 LAKEVIEW AVENUE  
SUITE 1330  
WEST PALM BEACH FL 33401

Name

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

City

FL

Zip Code

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

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME ANTHONY, BYK  
STREET ADDRESS 2 WYCLIFF RD.  
CITY-ST-ZIP PALM BCH GONS. FL ☐ Delete

TITLE V  
NAME GUNTHER, SUZANNE  
STREET ADDRESS 1713 GRANTHAM DRIVE  
CITY-ST-ZIP WELLINGTON FL 33414 ☐ Delete

TITLE V  
NAME COALLIER, ROBERT  
STREET ADDRESS 583 OAK STREET  
CITY-ST-ZIP ST LAMBERT, QUEBEC CA J4P- 2R3 ☒ Delete

TITLE CD  
NAME WOOD, DENNIS  
STREET ADDRESS 2890 HUGO ST.  
CITY-ST-ZIP SHERBROOKE, CANADA ☐ Delete

TITLE S  
NAME PROVENCHER, MICHAEL  
STREET ADDRESS 9 DE LA PAIX ST  
CITY-ST-ZIP VICTORIAVILLE CA ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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

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

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

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

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

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Anthony Byk*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

28 July, 2000

Date

(561) 845-8455

Daytime Phone #

CR2E034 (5/00)

FILED  
Sep 18, 2000 8:00 am  
Secretary of State

09-18-2000 90034 019 \*\*\*550.00



DO NOT WRITE IN THIS SPACE