

2001 'UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P36489**

1. Entity Name

C-MAC OF AMERICA, INC.**FILED**
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90432 030 ***150.00

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****C0055921**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **65-0296170**Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

TITLE	P	<input type="checkbox"/> Delete
NAME	ANTHONY, BYK	
STREET ADDRESS	2 WYCLIFF RD.	
CITY-ST-ZIP	PALM BCH GDNS. FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	GUNTHER, SUZANNE	
STREET ADDRESS	1713 GRANTHAM DRIVE	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	COALLIER, ROBERT	
STREET ADDRESS	583 OAK STREET	
CITY-ST-ZIP	ST LAMBERT, QUEBEC CA J4P- 2R3	
TITLE	CD	<input type="checkbox"/> Delete
NAME	WOOD, DENNIS	
STREET ADDRESS	2890 HUGO ST.	
CITY-ST-ZIP	SHERBROOKE, CANADA	
TITLE	S	<input type="checkbox"/> Delete
NAME	PROVENCHER, MICHAEL	
STREET ADDRESS	9 DE LA PAIX ST	
CITY-ST-ZIP	VICTORIAVILLE CA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VICE PRES. AND CFO	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAUD, CLAUDE	
STREET ADDRESS	121 VIVIAN	
CITY-ST-ZIP	MONT-ROYAL, QUEBEC, CA	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1620 MENZEL	
STREET ADDRESS	ROCK FOREST, CA 91041	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANTHONY BYK**16 FEB. 2001 (561)845-8455**

Date

Daytime Phone #

CR2E034 (10/00)