

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000086896

1. Entity Name

MAC ACCESSORY CENTER, INC.

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

09-18-2000 90149 032 ***550.00

Principal Place of Business

3307 WEST WATERS AVENUE
TAMPA FL 33614
US

Mailing Address

9229 LAZY LANE
TAMPA FL 33614-2707
US

80073403



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

3307 W. WATERS AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Tampa FL

4. FEI Number

59-3234170

Applied For

Not Applicable

Zip

Country

Zip

33614

Country

USA

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

ZAMBITO, ROBERT
9229 LAZY LANE
TAMPA FL 33614

Name

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

3307 WEST WATERS AVE

City

Tampa

FL

Zip Code

33614

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	ZAMBITO, ROBERT	
STREET ADDRESS	9229 LAZY LANE	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT ZAMBITO	
STREET ADDRESS	3307 W. WATERS AVE	
CITY-ST-ZIP	Tampa, FL 33614	
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		<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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/18/00
Date

941-778-7195
Daytime Phone #