

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000050744

1. Entity Name

MACS CONSTRUCTION & CONCRETE INC. ✓

FILED
Jul 17, 2000 8:00 am
Secretary of State

07-17-2000 90117 042 ***400.00

Principal Place of Business

848 GLOUCESTER ST.
BOCA RATON FL 33487

Mailing Address

848 GLOUCESTER ST.
BOCA RATON FL 33487

2. Principal Place of Business

1000 LAKE IDA ROAD

3. Mailing Address

634 LINDELL BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

DELRAY BEACH FL

City & State

DELRAY BEACH FL

4. FEI Number

65-0509704

Applied For

Not Applicable

Zip

33444

Country

P.B.C.

Zip

33444

Country

P.B.C.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MECCARIELLO, RICHARD J SR.
848 GLOUCESTER ST.
BOCA RATON FL 33487

7. Name and Address of New Registered Agent

Name RICHARD J. MECCARIELLO JR.
Street Address (P.O. Box Number is Not Acceptable)
634 LINDELL BLVD
City DELRAY BEACH FL Zip Code 33444

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 RICHARD J. MECCARIELLO JR. Pres Richard J. Meccariello Jr. 7-7-2000
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

TITLE	P	<input type="checkbox"/> Delete
NAME	MECCARIELLO, RICHARD J JR.	
STREET ADDRESS	634 LINDELL BLVD.	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE	V	<input type="checkbox"/> Delete
NAME	MECCARIELLO, RICHARD J SR.	
STREET ADDRESS	848 GLOUCESTER ST.	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MECCARIELLO, JUDITH M	
STREET ADDRESS	848 GLOUCESTER ST.	
CITY-ST-ZIP	BOCA RATON FL 33487	
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		

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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: RICHARD J. MECCARIELLO JR.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-7-2000
Date

561-274-7007
Daytime Phone #

CR 2 E034 15/00