

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90296 019 ***150.00

0155475 AV

DOCUMENT # P94000055441

1. Entity Name
MACKI INVESTMENTS, INC.



Principal Place of Business
**3100 W. 84TH ST.
#3
HIALEAH FL 33018
US**

Mailing Address
**3100 W. 84TH ST.
#3
HIALEAH FL 33018
US**

2. Principal Place of Business

2500 W 84th St

Suite, Apt. #, etc.

#4

City & State

Hialeah - FL

Zip

33016

Country

USA

3. Mailing Address

2500 W 84th St

Suite, Apt. #, etc.

#4

City & State

Hialeah - FL

Zip

33016

Country

USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0533459**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ROMERO, MARIA I
13717 S.W. 149 CIR-LN #3
MIAMI FL 33186**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **ROMERO, MARIA I**
STREET ADDRESS **13717 SW 149 CIRCLE LANE #3**
CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☐ Delete
NAME **ROMERO, MARITZA**
STREET ADDRESS **14553 SW 153 CT**
CITY-ST-ZIP **MIAMI FL 33196**

TITLE **D** ☐ Delete
NAME **KARINA, MARIN**
STREET ADDRESS **13079 SW 149 CIR LAN #4**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **D** ☒ Change ☐ Addition
NAME **ROMERO MARITZA**
STREET ADDRESS **4946 SW 152 Ave**
CITY-ST-ZIP **Miami - FL 33027**

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

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

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

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

12. 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 10 or Block 11 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

4/23/03

Date

Daytime Phone #

CR2E034 (10/02)