

2000 UNIFORM BUSINESS REPORT (UBR)

5/7

FILED
Jun 01, 2000 8:00 am
Secretary of State

05-07-2000 90019 032 ***150.00

DOCUMENT # P94000055926

1. Entity Name

~~54TH STREET FOOD MARKET, INC.~~

MACC ENTERPRISES GROUP INC

Principal Place of Business

~~485-B NW 54TH ST~~
~~MIAMI FL 33127~~

Mailing Address

~~485-B NW 54TH ST~~
~~MIAMI FL 33127-1921~~

2. Principal Place of Business

600 NE 36 ST

Suite, Apt. #, etc.

T-6

City & State
MIAMI, FL

Zip
33137

Country
USA

3. Mailing Address

600 NE 36 ST

Suite, Apt. #, etc.

T-6

City & State
MIAMI, FL

Zip
33137

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0508246**

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

~~WHITNEY WILFRID M. ESQ~~
~~201 W FLAGLER ST~~
~~MIAMI FL 33130~~

Name **MABEL AVENDANO**

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

600 NE 36 ST

SUITE T-6

City
MIAMI

FL

Zip Code
33137

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]

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST FARRAJ, RIBHEIH 485-B NW 54TH ST MIAMI FL 33127	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MABEL AVENDANO 600 NE 36 ST + T-6 MIAMI, FL 33137	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CLARA CHOFF 600 NE 36 ST + T-6 MIAMI, FL 33137	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)