

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P94000063934**1. Entity Name
MACD, INC.**FILED**
Jan 24, 2001 8:00 am
Secretary of State

01-24-2001 90071 041 ***150.00

Principal Place of Business

**700 N.E. 90TH ST.
MIAMI FL 33138**

Mailing Address

**700 N.E. 90TH ST.
MIAMI FL 33138**

2. Principal Place of Business

1025 S. DIXIE Highway

Suite, Apt. #, etc.

3. Mailing Address

1025 S. DIXIE Highway

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Delray Beach, FLA.

City & State

Delray Beach, FLA

4. FEI Number

65-0518444

Applied For

Not Applicable

Zip

33483

Country

Zip

33483

Country

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

**KOPPEN, R. DANIEL ESQ.
700 N.E. 90TH ST.
MIAMI FL 33138**

Name

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

1025 S. DIXIE Highway

City

Delray Beach

FL

Zip Code

33483

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

R. Daniel Koppen, R. DANIEL KOPPEN**1-11-01**

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 **D** ☐ Delete
NAME **KOPPEN, R. DANIEL**
STREET ADDRESS **700 N.E. 90TH ST.**
CITY-ST-ZIP **MIAMI FL**TITLE **D** ☐ Delete
NAME **CARLTON, PHILIP III**
STREET ADDRESS **700 N.E. 90TH ST.**
CITY-ST-ZIP **MIAMI FL**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1025 S. DIXIE Highway**
CITY-ST-ZIP **Delray Beach, FLA. 33483**TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1025 S. DIXIE Highway**
CITY-ST-ZIP **Delray Beach, FLA 33483**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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:

R. Daniel Koppen, duxto R. DANIEL KOPPEN

Date

1-11-01

Daytime Phone #

1-561-279-9872

CR2E034 (10/00)