2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P95000012867 Apr 23, 2000 8:00 am Secretary of State 1. Entity Name MAC HOMES, INC. 04-23-2000 90003 040 ***150.00 Principal Place of Business Mailing Address 310 ALHAMBRA CR 310 ALHAMBRA CR CORAL GABLES FL 33134-5004 CORAL GABLES FL 33134 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0576228 Not Applicable Zip Country Zip \$8.75 Additional Country 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MCDONALD, FRANCES Street Address (P.O. Box Number is Not Acceptable) 310 ALHAMBRA CIRCLE **CORAL GABLES FL 33134** Zip Code FL 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Change ☐ Addition Delete TITLE TITLE MCDONALD, FRANCES NAME NAME STREET ADDRESS 310 ALHAMBRA CR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CORAL GABLES FL** TITLE ☐ Change Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Defete TITLE Change TITLE NAME NAME STREET ADDRESS 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. Frances E. Mc Donald SIGNATURE:

SIGNATURE AND TYPED OR PRINT