

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90177 011 ***158.75

DOCUMENT # P96000007398

1. Entity Name
MAC MOLTO U.S.A., INC.

822391

Principal Place of Business

2520 NW 97 AVE
MIAMI FL 33122
US

Mailing Address

PO BOX 52-7322
MIAMI FL 33152
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0870632

Approved For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SIMPSON, LITA O
2520 NW 97 AVE
MIAMI FL 33122

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.

SIGNATURE

Signature (Typed or Printed Name of Registered Agent and Date if Applicable)

(NOTE: Registered Agent Signature is required when removing)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (See criteria on back)

10. Election Campaign Financing Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	AS	☐ Delete
NAME	SIMPSON, LITA	
STREET ADDRESS	2520 NW 97 AVE	
CITY-ST-ZIP	MIAMI FL 33122	
TITLE	VD	☐ Delete
NAME	VALERO, ANTONIO M	
STREET ADDRESS	2520 NW 97 AVE	
CITY-ST-ZIP	MIAMI FL 33122	
TITLE	S	☐ Delete
NAME	TRIVES, VICENTE L VA	
STREET ADDRESS	2520 NW 97 AVE	
CITY-ST-ZIP	MIAMI FL 33122	
TITLE	TD	☐ Delete
NAME	NAVARRO, D. JOSE MOLTO	
STREET ADDRESS	2520 NW 97 AVE	
CITY-ST-ZIP	MIAMI FL 33122	
TITLE	PCD	☐ Delete
NAME	VALERO, PEDRO M	
STREET ADDRESS	2520 NW 97 AVE	
CITY-ST-ZIP	MIAMI FL 33122	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ANTONIO MOLTO V.	☒ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VICENTE L. VALLS T.	☒ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	JOSE MOLTO N.	☒ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PEDRO MOLTO V.	☒ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ 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 807, Florida Statutes; and that my name appears in Block 11 or Block 12.

MAC MOLTO U.S.A., INC.

SIGNATURE: X P.P.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone