

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 09, 2000 8:00 am**  
**Secretary of State**

05-09-2000 90054 010 \*\*\*150.00

**DOCUMENT # P96000032605**

1. Entity Name

**ALMAC ENTERPRISES, INC.**

Principal Place of Business

5401 POLK STREET  
 HOLLYWOOD FL 33021

Mailing Address

5401 POLK STREET  
 HOLLYWOOD FL 33021-6429

2. Principal Place of Business

929 CRANDON BLVD

3. Mailing Address

Suite, Apt. #, etc.

City & State

KEY BISCAIYNE, FL

City & State

Zip

33149

Country

Zip

Country

4. FEI Number

65-0663776

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

STERN, STEVEN  
 5401 POLK ST  
 HOLLYWOOD FL 33021

7. Name and Address of New Registered Agent

Name **MARIBEL WIEGERING**

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

929 CRANDON BLVD

City **KEY BISCAIYNE** **FL** Zip Code **33149**

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 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.

**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 **PSTD**  Delete  
 NAME **WIEGERING, MARIA P**  
 STREET ADDRESS **5401 POLK STREET**  
 CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
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 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS **929 CRANDON BLVD**  
 CITY-ST-ZIP **KEY BISCAIYNE, FL. 33149**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
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TITLE  Change  Addition  
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 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 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:

**MARIA WIEGERING**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**MARIA WIEGERING 4-26-00**

**(305) 365-0444**

CR05031 (1/99)X1