

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P96000034319

1. Entity Name

M.A.C. EQUIPMENT CORPORATION



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 OCT -9 PM 12:06

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
7205 NW 68 STREET

Suite, Apt. #, etc.  
#06

City & State  
MIAMI, FL

Zip  
33166

Country

3. Mailing Address  
7205 NW 68 STREET

Suite, Apt. #, etc.  
#06

City & State  
MIAMI, FL

Zip  
33166

Country

300023977083  
10/21/03--01087--002 \*\$150.00

DO NOT WRITE IN THIS SPACE

4. FEI Number  
65-0703023

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name  
NELSON FROGET

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

7205 NW 68 STREET #06

City  
MIAMI

FL

Zip Code  
33166

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IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title, applicable

(NOTE: Registered Agent signature required when resigning)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
(P/D) NELSON FROGET  
7205 NW 68 STREET #06  
MIAMI, FL 33166

TITLE  
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12. 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 10 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 #

CR26034B (12/02)

# **M.A.C. EQUIPMENT CORPORATION**

TO: DIVISION OF CORPORATION  
P.O. BOX 6327  
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

I NEVER RECEIVED ANY NOTICE FROM YOUR OFFICE FOR 2003 UNIFORM BUSINESS REPORT. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME.

CORDIALLY,

  
NELSON FROGET  
PRESIDENT