

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 07, 2001 8:00 am**
Secretary of State

03-07-2001 90609 010 ***158.75

DOCUMENT # P96000043400

1. Entity Name

MACOMAS GP, INC.

Principal Place of Business

**1705 NORTH 16TH STREET
TAMPA FL 33605**

Mailing Address

**1705 NORTH 16TH STREET
TAMPA FL 33605**

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 **59-3388876**

Applied For

Not Applicable

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

**DIACO, STEPHEN C.
101 E. KENNEDY BLVD.
SUITE 3700 - BARNETT PLAZA
TAMPA FL 33602**Name **CARLOS J. ALFONSO**Street Address (P.O. Box Number is Not Acceptable) **1705 N. 16th ST.**City **TAMPA** **FL** Zip Code **33605**

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 **CARLOS J. ALFONSO**

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

(NOTE: Registered Agent signature required when reinstating)

3/2/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
	P	ALFONSO, CARLOS J	207 N TRACK ST TAMPA FL	<input type="checkbox"/> Delete		2913 HARBORVIEW	33611
	VP	ALFONSO, ALBERT E	13520 W SHIER DRIVE TAMPA FL	<input type="checkbox"/> Delete		13520 WESTSHIRE DRIVE	33618
	S	DE MONTE, ANGEL E	13520 W SHIER DRIVE TAMPA FL	<input type="checkbox"/> Delete		13519 WESTSHIRE DRIVE	33618
				<input type="checkbox"/> Delete			
				<input type="checkbox"/> Delete			
				<input type="checkbox"/> Delete			
				<input type="checkbox"/> Delete			
				<input type="checkbox"/> Delete			

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: **[Signature]**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/01

Date

813-247-3333

Daytime Phone #

CR2E034 (10/00)