

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000099082

1. Entity Name

MAC WORLDWIDE, INC.

FILED

May 07, 2000 8:00 am
Secretary of State

05-07-2000 90028 030 ***150.00

Principal Place of Business 17038 SW 144 PL MIAMI FL 33177 US	Mailing Address 9400 S DADELAND BLVD SUITE 100 MIAMI FL 33156-2811 US
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2. Principal Place of Business 8001 NW 36 ST	3. Mailing Address 8001 NW 36 ST
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Suite, Apt. #, etc. #100 C	Suite, Apt. #, etc. #100 C
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City & State MIAMI FL	City & State MIAMI FL
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Zip 33166	Country USA	Zip 33166	Country USA
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DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0716339	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

GELFAND, ELLIOTT J 9400 S DADELAND BLVD SUITE 100 MIAMI FL 33156

7. Name and Address of New Registered Agent

Name ELLIOTT J. GELFAND
Street Address (P.O. Box Number is Not Acceptable) 10691 N Kendall Dr
Suite 311
City MIAMI FL Zip Code 33176

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 	ELLIOTT J. GELFAND	2/14/00
Signature, typed or printed name of registered agent and title if applicable.		DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE D	NAME DIAS, KAREN A	<input type="checkbox"/> Delete
STREET ADDRESS 9400 S DADELAND BLVD STE 100		
CITY-ST-ZIP MIAMI FL 33156		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D	NAME DIAS, KAREN A.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 8001 NW 36TH STR., #100C		
CITY-ST-ZIP MIAMI, FL 33166		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 	KAREN A. DIAS	4/25/00 (305) 4701920
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #