

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 08, 2000 8:00 am
Secretary of State
 09-08-2000 90036 001 ***450.00

DOCUMENT # P97000006143

1. Entity Name
MACHINERY CAPITAL GROUP, INC.



Principal Place of Business: **8130 NW 58TH STREET MIAMI FL 33166**

Mailing Address: **8330 NW 58TH STREET MIAMI FL 33166**

20464



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **8130 NW 58th St**

3. Mailing Address: **8130 NW 58th St**

Suite, Apt. #, etc. City & State Zip Country

4. FEI Number: **65-0819668**

Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent

FREEMAN, PAUL H
9100 SOUTH DADELAND BLVD.
SUITE 1406
MIAMI FL 33156

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]* *[Signature]* **Treasurer 9/5/00**

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. (See criteria on back)

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	PD	<input type="checkbox"/> Delete
NAME	TERAN, ROGER B	
STREET ADDRESS	8330 NW 58TH STREET	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	STD	<input type="checkbox"/> Delete
NAME	TERAN, CARLOS ALBERTO	
STREET ADDRESS	8330 NW 58TH STREET	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 an order like empowered.

SIGNATURE: *[Signature]* **PRESIDENT** **8/05/00** **305-477-8000**

Signature, typed or printed name of signing officer or director Date Daytime Phone #

CF 034 15/00

