

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 20, 2001 8:00 am
Secretary of State

08-20-2001 90068 024 ***150.00

0086243 AV

DOCUMENT # P97000027335

1. Entity Name

MARMAC INDUSTRIES, INC.



Principal Place of Business

**9715 W. BROWARD BLVD.
PMB 202
PLANTATION FL 33324**

Mailing Address

**9715 W. BROWARD BLVD.
PMB 202
PLANTATION FL 33324**

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

65-0825047

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

**MACARI, MARK P
9715 W. BROWARD BLVD.
#202
PLANTATION FL 33324**

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, 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 12, 2001 Fee 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **MACARI, MARK**
STREET ADDRESS **9715 W. BROWARD BLVD., STE. 202**
CITY-ST-ZIP **PLANTATION FL 33324**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/14/01

Date

**954-879-1387
561-308-7163**

Daytime Phone #

CR2E034 (5/01)

ATTACHMENT
8/14/01 A0081927

TO: FLORIDA DEPT. OF STATE
DIVISION OF CORPORATIONS
KATHERINE HARRIS
SECRETARY OF STATE

FR: MARMAC INDUSTRIES, INC
MARK MACARI

P97000027335

RE: UNIFORM BUSINESS REPORT FILINGS

TO WHOM IT MAY CONCERN,

PLEASE ACCEPT THE ENCLOSED CHECK FOR \$150.00 TO SATISFY THE STATE OF FLORIDA UNIFORM BUSINESS REPORT. I PHONED ON MONDAY, AUGUST 13, AFTER RECEIVING THIS NOTICE ON FRIDAY AUGUST 10TH, I SPOKE TO A LADY, KRISTY, AND EXPLAINED THAT I NEVER RECEIVED MY FIRST NOTICE EARLIER IN THE YEAR. AS WELL AFTER REVIEWING THIS NOTICE IT WAS ALSO EXTREMELY LATE IN ARRIVING TO ME, DUE TO THE DATE I AM RESPONDING PLEASE ACCEPT THIS PAYMENT AS FULL PAYMENT FOR MY BUSINESS REPORT. IF I HAD RECEIVED THE FIRST NOTIFICATION I WOULD HAVE PROMPTLY PAID IT TO CERTAINLY AVOID A HEAVY LATE FEE. I APOLOGIZE FOR ANY UNNECESSARY WORK ON MY BEHALF.

THANK YOU FOR YOUR KIND CONSIDERATION IN THIS MATTER

SINCERELY,

Mark P. Macari