

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000030271

1. Entity Name

MAC ENTERPRISES OF MIAMI, INC.

FILED

Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90089 045 ***150.00

Principal Place of Business

Mailing Address

17640 NW 77TH COURT
MIAMI FL 33015

65 NE 209 TER.
MIAMI FL 33179-1724

2. Principal Place of Business

3. Mailing Address

17640 NW 77th Ct

65 NE 209 Ter.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

MIAMI FL

MIAMI FL

City & State

City & State

4. FEI Number

65-0846348

Applied For

Not Applicable

Zip
33015

Country
USA

Zip
33179

Country
USA

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

DELVECCHIO, MELANIE
65 NE 209 TER.
MIAMI FL FL

Name

Melanie DelVecchio

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

65 N.E. 209 Ter.

City

MIAMI

FL

Zip Code

33179

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 \$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. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS DELVECCHIO, MELANIE
CITY-ST-ZIP 17640 NW 77TH COURT
MIAMI FL 33015

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

TITLE ☐ Delete
NAME D
STREET ADDRESS HOLLEY, CARL
CITY-ST-ZIP 17640 NW 77TH COURT
MIAMI FL 33015

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 all other like empowered.

SIGNATURE:

Melanie DelVecchio

Date

2-1-00

Daytime Phone #

305-650-8711

CR2E034 (9/99)