

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000029582

1. Entity Name

MACC USA ENTERPRISES, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90445 042 ***150.00

Principal Place of Business

Mailing Address

7977 NW 21ST STREET
MIAMI FL 33122
US

7977 NW 21ST STREET
MIAMI FL 33122-1616
US

2. Principal Place of Business

10913 NW 30 street

3. Mailing Address

Same: 10913 NW 30 st.

Suite, Apt. #, etc.

Suite 100

Suite, Apt. #, etc.

Suite 100

City & State

Miami, Florida

City & State

Miami FL

4. FEI Number

65-0824897

Applied For

Not Applicable

Zip

33172

Country

U.S.A.

Zip

33172

Country

U.S.A.

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

CARROSCO, MIGUEL A
7977 NW 21ST STREET
MIAMI FL 33622

Name

Miguel A. Carrasco

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

10913 NW 30 street Suite 100

City

Miami

FL

Zip Code

33172

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)

4-20-00

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 PD
STREET ADDRESS CARRASCO, MIGUEL A
CITY-ST-ZIP 15457 SW 148 TERRACE
MIAMI FL 33196

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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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-00

Date

(305) 500-9226

Daytime Phone #

CR2E034 (9/99)