

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000035022

1. Entity Name

MACHO MIAMI, INC.

FILED
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90036 026 ***150.00

Principal Place of Business

Mailing Address

DARRIN SMITH
440 N. WABASH
APT. 2606
60611

% DARRIN SMITH
428 E. OAKLAND PARK BLVD, STE 301
FORT LAUDERDALE FL 33018

% DARRIN SMITH
440 N. WABASH APT 21E
CHICAGO IL 60611

815675



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

DARRIN SMITH
440 N. WABASH
APT. 2606
60611

Suite, Apt. #, etc.

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0871728

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

PYE, THOMAS G
2787 E OAKLAND PARK BLVD, STE 301
FORT LAUDERDALE FL 33018

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 \$150.00
After MAY 1, 2001 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

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD SMITH, DARRIN 6500 COLLINS AVE #428 MIAMI BCH FL 33141	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 attorney like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2.22.01 312.644.6169

CR2E034 (10/00)