

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000045241

1. Entity Name

MAC 4 CONCEPTS, INC.

FILED
Aug 24, 2000 8:00 am
Secretary of State

08-24-2000 90027 004 ***150.00

Principal Place of Business

8100 S.W. 93RD AVENUE
MIAMI FL 33173

Mailing Address

8100 S.W. 93RD AVENUE
MIAMI FL 33173-4112

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

APPLIED FOR

☒ 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

MACRINA, JOHN L
8100 S.W. 93RD AVENUE
MIAMI FL 33173

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, 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 NAME STREET ADDRESS CITY-ST-ZIP	D MMACRINA, JOHN L 8100 S.W. 93RD AVENUE MIAMI FL 33173 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD MACRINA, JOHN L 8100 SW 93RD AVE MIAMI FL 33173 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

John L Macrina
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/17/2000
Date

(305) 785-8945
Daytime Phone #

CR2E034 (9/99)

Attachment Doc # 082400
P98000045241
B0104845

TO: The Florida Department Of State Division Of Corporations

FROM: John L. Macrina @ MAC 4 CONCEPTS, INC.
8100 S.W. 93RD AVE.
Miami, FL. 33173

Regarding: FEI Number/ Late Payment for document # ~~P98000045241~~

After numerous attempts at phone calls and faxes, I have been unable to obtain the "FEI number" that you require in box # 4 of the Uniform Business Report for 2000. I have spoken to several of the operators in your office, and they both advised me to simply send the form in with the payment of \$150.00 without the required number. Due to the problem I was having, I was also told that I would not be required to pay the late fee. I will continue to try to obtain the required information; however, in the interim I would like to keep my account in good standing by sending this form and payment.

Thank You,
John L. Macrina