

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90043 017 ***150.00

DOCUMENT # P98000078689

1. Entity Name
MAC SERVICE INTERNATIONAL, INC.

Principal Place of Business 9300 SOUTH DADELAND BLVD. SUITE 406 MIAMI FL 33156	Mailing Address 9300 SOUTH DADELAND BLVD. SUITE 406 MIAMI FL 33156
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 10111 Sunrise Blvd 203
City & State	City & State PLANTATION FL
Zip	Country
33322	U.S.A



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0874548	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**KAPLAN, LINDA A
 9300 SOUTH DADELAND BLVD.
 SUITE 406
 MIAMI FL 33156**

7. Name and Address of New Registered Agent

Name
ALBERTO RAMIREZ

Street Address (P.O. Box Number is Not Acceptable)
10111 Sunrise Blvd suite 203

City
PLANTATION FL Zip Code
33322

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 **ALBERTO RAMIREZ (PRESIDENT)** **Alberto Ramirez** **4/10/2001**
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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete RAMIREZ, ALBERTO CALL 73 #14-33, 3RD FLOOR SANTAFE DE BOGOTA, COLOMBIA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete MARIA GOMEZ, ROSA CALL 73 #14-33, 3RD FLOOR SANTAFE DE BOGOTA, COLOMBIA
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"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition RAMIREZ ALBERTO 10111 Sunrise Blvd suite 203 PLANTATION, FL, 33322.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MARIA GOMEZ, ROSA 10111 Sunrise Blvd suite 203 PLANTATION FL 33322.
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"/> Change <input type="checkbox"/> Addition
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"/> 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: **Alberto Ramirez** **4/10/2001** **954 452 4783.**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/00)