

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000098728

1. Entity Name

MAC KOBAL, INC.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90451 002 ***150.00

Principal Place of Business

6804 N.W. 84 AVE
MIAMI FL 33166
US

Mailing Address

~~6804 N.W. 84 AVE
MIAMI FL 33166
US~~

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

3135 Weatherford

Suite, Apt. #, etc.

City & State

La Porte, TX.

Zip

77571

Country

USA

4. FEI Number 65-0877764

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KOVAL, DANYLO
13700 S.W. 147 CIRCLE LN
MIAMI FL 33186

7. Name and Address of New Registered Agent

Name

Koval, Danilo

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

6804 NW 84 Ave

City

Miami

FL

Zip Code

33166

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

Danylo Koval

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/24/01

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

TITLE PVPS ☐ Delete
NAME KOVAL, DANYLO
STREET ADDRESS 4630 NW 102ND AVENUE, #108
CITY-ST-ZIP MIAMI FL 33178

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PVPS ☒ Change ☐ Addition
NAME Koval, Danilo
STREET ADDRESS 6804 NW 84 Ave.
CITY-ST-ZIP Miami, FL. 33166

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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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:

Danylo Koval DANYLO KOVAL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/01

Date

Daytime Phone #

(305) 591-9752

CR2E034 (10/00)