2000 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 20, 2000 8:00 am Secretary of State DOCUMENT # P99000018318 MAC BUILDERS, INC. 04-20-2000 90104 037 ***150.00 Principal Place of Business Mailing Address 2543 B NW 72ND AVE 2543 B NW 72ND AVE MIAMI FL 33122-1303 MIAMI FL 33122 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number 089 663 2 Applied For City & State City & State Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7.- Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name VELOZ. CARLOS Street Address (P.O. Box Number is Not Acceptable) 2543 B NW 72ND AVE **MIAMI FL 33122** Zip Code FL 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 DATE , . (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ŋp ✓ Addition Delete TITLE TITLE NAME Carlos Veloz NAME STREET ADDRESS STREET ADDRESS 2543-B NW 72 Ave. CITY-ST-ZIP CITY-ST-ZIP 🔀 Addition ☐ Change ☐ Delete TITLE Alex Garcia NAME NAME STREET ADDRESS 2543-B NW 72 Ave STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Miami, FL Change Change **Addition** ☐ Delete TITLE TITLE NAME NAME Mike Garcia STREET ADDRESS STREET ADDRESS 2543-B NW 72 Ave CITY-ST-ZIP CITY-ST-ZIP Miami, FL ☐ Change ☐ Addition ☐ Delete TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME

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 trusted empowered to execute missipport 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.

STREET ADDRESS CITY-ST-ZIP,

STREET ADDRESS

CITY-ST-7IP

ECOPONINATES NAME DE SIGNINGS ELIGER OF DIRECTOR SIGNATURE