

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90169 018 ***150.00

DOCUMENT # P99000018318

1. Entity Name
MAC BUILDERS, INC.

Principal Place of Business

2418 SW 163 AVENUE
MIRAMAR FL 33027

Mailing Address

2418 SW 163 AVENUE
MIRAMAR FL 33027

2. Principal Place of Business

15841 Pines Blvd
 Suite, Apt. #, etc.
388

3. Mailing Address

15841 Pines Blvd
 Suite, Apt. #, etc.
388

City & State

Pembroke Pines, FL

City & State

Pembroke Pines, FL

Zip

33027

Country

Zip

33027

Country

4. FEI Number

65-0896632

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

VELOZ, CARLOS
2418 SW 163 AVENUE
MIRAMAR FL 33027

7. Name and Address of New Registered Agent

Name **Carlos Vezoz**
Street Address (P.O. Box Number is Not Acceptable) **15841 Pines Blvd**
#388
City **Pembroke Pines** **FL** **Zip Code** **33027**

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

[Handwritten Signature]

Carlos Vezoz

4/10/02

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, 2002 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	DP <input type="checkbox"/> Delete
NAME	VELOZ, CARLOS
STREET ADDRESS	2543-B NW 72 AVE
CITY-ST-ZIP	MIAMI FL
TITLE	DVP <input type="checkbox"/> Delete
NAME	GARCIA, ALEX
STREET ADDRESS	2543-B NW 72 AVE
CITY-ST-ZIP	MIAMI FL
TITLE	DS <input type="checkbox"/> Delete
NAME	GARCIA, MIKE
STREET ADDRESS	2543-B NW 72 AVE
CITY-ST-ZIP	MIAMI FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	15841 Pines Blvd #388
CITY-ST-ZIP	Pembroke Pines, FL 33027
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	15841 Pines Blvd #388
CITY-ST-ZIP	Pembroke Pines, FL 33027
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	15841 Pines Blvd #388
CITY-ST-ZIP	Pembroke Pines, FL 33027
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

[Handwritten Signature]

Carlos Vezoz

4/10/02

954 389-6710

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)