

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000022035

1. Entity Name

MAC CONTRACTORS, INC.

Principal Place of Business

8531 SW 27TH LN.
MIAMI FL 33155

Mailing Address

8531 SW 27TH LN.
MIAMI FL 33155-2340

2. Principal Place of Business

4725 S.W. 74 Ave

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

Zip

33155

Country

U.S.A.

Zip

Country

4. FEI Number

05-0900795

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, CESAR A
8531 SW 27TH LN.
MIAMI FL 33155

7. Name and Address of New Registered Agent

Name

ALINA M. RODRIGUEZ

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

7780 S.W. 28 ST

City

MIAMI

FL

Zip Code

33155

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

Alina M. Rodriguez

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

| | | |
|----------------|-----------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> Delete |
| NAME | RODRIGUEZ, CESAR A | |
| STREET ADDRESS | 8531 SW 27TH LN. | |
| CITY-ST-ZIP | MIAMI FL 33155 | |
| TITLE | V | <input checked="" type="checkbox"/> Delete |
| NAME | BENITEZ, OSCAR S | |
| STREET ADDRESS | 4223 S. SEMORAN BLVD. | |
| CITY-ST-ZIP | ORLANDO FL 32822 | |
| 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 | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ALINA M. RODRIGUEZ | |
| STREET ADDRESS | 7780 S.W. 28 ST | |
| CITY-ST-ZIP | MIAMI FL 33155 | |
| TITLE | S | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CESAR A. RODRIGUEZ | |
| STREET ADDRESS | 7780 S.W. 28 ST | |
| CITY-ST-ZIP | MIAMI FL 33155 | |
| 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 | | |
| 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:

Alina M. Rodriguez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6-2-00 (805) 269-0999

Daytime Phone #

FILED
Jun 09, 2000 8:00 am
Secretary of State

06-09-2000 90011 037 ***558.75



DO NOT WRITE IN THIS SPACE

CR2E034 (1/99)