

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90261 004 ***150.00

DOCUMENT # P99000066566

1. Entity Name
MACA INVESTMENT, INC.



Principal Place of Business
1670 ORCHID BEND
WESTON FL 33327

Mailing Address
1670 ORCHID BEND
WESTON FL 33327

90002897



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-1039515**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GARCIA, AMADO
9500 S DADELAND BLVD
STE 705
MIAMI FL 33156

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.

TITLE **PF**
NAME **AL ABDALLAH, MANUEL** ☐ Delete
STREET ADDRESS **5336 N.W. 106 COURT**
CITY-ST-ZIP **MIAMI FL 33178**

TITLE **VICE PRESIDENT, SECRETARY** ☒ Change ☐ Addition
NAME **AL ABDALLAH, CANDELARIA F**
STREET ADDRESS **1670 ORCHID BEND**
CITY-ST-ZIP **WESTON, FL 33327**

TITLE **SD**
NAME **AL ABDALLAH, CANDELARIA F** ☐ Delete
STREET ADDRESS **5336 N.W. 106 COURT**
CITY-ST-ZIP **MIAMI FL 33178**

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
AL ABDALLAH
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/12/03
Date

305-244-8171
Daytime Phone #

CR2E034 (10/02)