

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 14, 2001 8:00 am
Secretary of State

09-14-2001 90028 046 ***550.00

DOCUMENT # P99000073890

1. Entity Name

MACHADO INTERNATIONAL CORPORATION

Principal Place of Business

**4453 TREEHOUSE LANE # 15-C
TAMARAC FL 33319**

Mailing Address

**4453 TREEHOUSE LANE # 15-C
TAMARAC FL 33319**

2. Principal Place of Business

4453 TREEHOUSE LANE # 15-C

3. Mailing Address

3790, NW 23 PL

Suite, Apt. #, etc.

TAMARAC - FL

Suite, Apt. #, etc.

City & State

City & State

COCONUT CREEK - FL

4. FEI Number

65-0939325

☒ Applied For

☐ Not Applicable

DO NOT WRITE IN THIS SPACE



Zip
33319

Country

BROWARD

Zip
33066

Country

BROWARD

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BARROS MACHADO, FERNANDO A
4453 TREEHOUSE LANE # 15-C
TAMARAC FL 33319**

7. Name and Address of New Registered Agent

Name

BARROS MACHADO, FERNANDO A.

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.

SIGNATURE

[Signature]
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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 **PVST** ☐ Delete
NAME **BARROS MACHADO, FERNANDO A**
STREET ADDRESS **4453 TREEHOUSE LANE # 15-C**
CITY-ST-ZIP **TAMARAC FL 33319**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/10/01

Date

Daytime Phone #

CR2E034 (5/01)