

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 28, 2003 8:00 am**  
**Secretary of State**

08-28-2003 90065 037 \*\*\*150.00

DOCUMENT # **P99000073890**

1. Entity

**MACHADO INTERNATIONAL CORPORATION**



**Principal Place of**  
**3790 NW 23RD PLACE**  
**COCONUT CREEK FL 33066 US**

**Mailing**  
**3790 NW 23RD PLACE**  
**COCONUT CREEK FL 33066 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

**USA**

Zip

Country

**USA**

4. FEI Number

**650939325**

Applied For

Not Applicable

5. Certificate of Status

☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered

**BARROS MACHADO, FERNANDO A**  
**3790 NW 23RD PLACE**  
**COCONUT CREEK FL 33066**

7. Name and Address of Now Registered

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.

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 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 **PST** ☐ Delete  
NAME **BARROS MACHADO, FERNANDO A**  
STREET ADDRESS **3790 NW 23RD PLACE**  
CITY - ST - ZIP **COCONUT CREEK FL 33066**

TITLE **1** ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE **V** ☐ Delete  
NAME **MACHADO, JULIO CESAR**  
STREET ADDRESS **3790 NW 23RD PLACE**  
CITY - ST - ZIP **COCONUT CREEK FL 33066**

TITLE ☐ Chang ☐ Additi  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Chang ☐ Additi  
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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 qualified 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Attachment #

80141614

P99000073890

Coconut Creek, August 25, 2003.

**FLORIDA DEPARTMENT OF STATE  
REINSTATEMENT DEPARTMENT  
DIVISION OF CORPORATIONS**

P.O. BOX 6327  
TALLAHASSEE - FL - 32314

To Whom It May Concern:

I would like to inform you that I have a Profit Corporation by the following name:

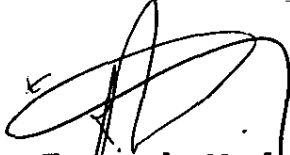
**MACHADO INTENRNATIONAL CORPORATION**  
Doc. # P99000073890

And we have not receive the Annual Business Report 2003 and my accountant sent a letter to us mentioning that we are supposed to receive that and send back to Department of Florida - Division of Corporations with a \$ 150,00 annually.

Once we did not receive I'm sending the update Annual Business Form 2003 along with a check of \$ 150,00.

Thank you for your cooperation and concern, and if you have any question or concern regarding this matter, do not hesitate to contact us.

Sincerely,



**Fernando Machado  
President**