

**DOCUMENT # P99000099016**

1. Entity Name

**MACHINI, INC.****FILED**  
**Feb 01, 2000 8:00 am**  
**Secretary of State**

02-01-2000 90035 019 \*\*\*150.00

Principal Place of Business

Mailing Address

13051 NW 1ST STREET SUITE 110  
PEMBROKE PINES FL 3302813051 NW 1ST STREET SUITE 110  
PEMBROKE PINES FL 33028-3222

2. Principal Place of Business

**9900 STIRLING ROAD**

3. Mailing Address

**9900 STIRLING ROAD**

Suite, Apt. #, etc.

**SUITE 224**

Suite, Apt. #, etc.

**SUITE 224**

City &amp; State

**HOLLYWOOD FL**

City &amp; State

**HOLLYWOOD FL**

Zip

**33024**

Country

**USA**

Zip

**33024**

Country

**USA**

4. FEI Number

**65-0964398**

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

**KLAPHOLZ, JOSEPH P**  
**C/O MANELLA & KLAPHOLZ, LLP**  
**2500 HOLLYWOOD BLVD., SUITE 212**  
**HOLLYWOOD FL 33020**

Name

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

City

**FL**

Zip Code

7. Name and Address of New Registered Agent

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

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 **PSTD** ☐ Delete  
NAME **BORTMALM-MACHINI, HELENA A**  
STREET ADDRESS **13051 NW 1ST STREET SUITE 110**  
CITY-ST-ZIP **PEMBROKE PINES FL 33028**TITLE **VD** ☐ Delete  
NAME **MACHINI, JOSEPH**  
STREET ADDRESS **13051 NW 1ST STREET SUITE 110**  
CITY-ST-ZIP **PEMBROKE PINES FL 33028**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ 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: *Helena Bortmalm-Machini, President*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1/27/2000****954-364-6280**