**FILED** 

## **2001 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000099016  1. Entity Name MACHINI, INC.						Apr 10, 2001 8:00 am Secretary of State 04-10-2001 90040 031 ***150.00			
Principal Plac	ce of Business	Mailing Address			-				
9900 STIRLING ROAD SUITE 224 HOLLYWOOD FL 33024		9900 STIRLING ROAD SUITE 224 HOLLYWOOD FL 33024					,		
2. Principal Place of Business		3. Mailing Address			$\dashv$				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN T	HIS SPACE			
City & State		City & State			<b>4.</b> F	El Number 65-0964398	<u> </u>	plied For t Applicable	
Zip	Country	Zip	Country		5. (	Certificate of Status Desired	\$8.75 Add	litional	
	6. Name and Address of Current Re	gistered Agent			7. N	lame and Address of New Registe	red Agent		
KLAPHOLZ, JOSEPH P C/O MANELLA & KLAPHOLZ, LLP 2500 HOLLYWOOD BLVD., SUITE 212 HOLLYWOOD FL 33020			_	treet Addre	Address (P.O. Box Number is Not Acceptable)				
HOLLIWOOD FL 33020			С	City FL Zip Code					
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  FILE NOW!!! After MAY 1, 2001 Make Check Payable			FEE IS S 1 Fee will e to Depar	be \$550.0	i0 State	10. Election Campaign Financing Trust Fund Contribution.	Added	O May Be to Fees	
11.	OFFICERS AND DI		12.	<del></del>		DITIONS/CHANGES TO OFFICERS			
NAME STREET ADDRESS CITY-ST-ZIP	PSTD BORTMALM-MACHINI, HELENA A 13051 NW 1ST STREET SUITE 110 PEMBROKE PINES FL 33028	. Delete	NAME STREET AD CITY-ST-Z	DRESS 4	900	UALM - MACHNI STIRLING Rd #23 WOGO, FL 33024	33	Addition 4	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MACHINI, JOSEPH 13051 NW 1ST STREET SUITE 110 PEMBROKE PINES FL 33028	□ Delete	TITLE  NAME  STREET AD  CITY-ST-Z	DRESS G	IACH 1900	II NI JOSEPH STIRUNG PH #2 WOON FL 33024	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAME STREET AD CITY-ST-Z				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADI CITY-ST-Z	· 1		<del>-</del>	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADI CITY-ST-Z				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADI CITY-ST-Z		•	•	☐ Change	Addition	
of the cor	certify that the information supplied with the on this report or supplemental report is two poration or the receiver or trusted empower or on an attachment with an address, with	ered to <b>ff</b> execute this report as	ne exemption signature s required b	on stated in shall have the by Chapter	Section 1 ne same le 607, Florid	19.07(3)(i), Florida Statutes. I further egal effect as if made under oath; th da Statutes; and that my name appe	r certify that the in at I am an officer ars in Block 11 or	formation or director Block 12 if	