

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 02, 2000 8:00 am
Secretary of State

08-02-2000 90123 018 ***158.75

DOCUMENT # **P99000106873**
 1. Entity Name
MACA CORP. R

Principal Place of Business Mailing Address
144 West 5th Ave **144 West 5th Ave**
Mount Dora, FLA 32757 **Mount Dora, FLA 32757**

2. Principal Place of Business **SAME AS ABOVE**
 Suite, Apt. #, etc.
 3. Mailing Address **SAME AS ABOVE**
 Suite, Apt. #, etc.

City & State Zip Country City & State Zip Country

4. FEI Number **59-3612243** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

00075683

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
Spiegel & Utrera, P.A.
343 Almaria Ave
Coral Gables, FL 33134

7. Name and Address of New Registered Agent
 Name **CANDICE S. IATAROLA**
 Street Address (P.O. Box Number is Not Acceptable) **263 Silk Bay Place**
 City **Longwood, FL** Zip Code **32750**

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 *Candice S. Iatarola Pres.* **CANDICE S. IATAROLA Pres** **7-25-00**
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 | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Pres. IATAROLA, CANDICE S. |
| STREET ADDRESS | 263 Silk Bay Place |
| CITY-ST-ZIP | Longwood, FLA. 32750 |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | VP. IATAROLA, MICHAEL F. |
| STREET ADDRESS | 263 Silk Bay Place |
| CITY-ST-ZIP | Longwood, FLA. 32750 |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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: *Candice S. Iatarola Pres.* **CANDICE S. IATAROLA Pres** **7-25-00** **352-383-8901**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

Attachment

799000100873
DW15683

Maca Corp.

D/B/A "Bee-Dazzlin" Accents

144 W. 5th Ave., Mount Dora, FL 32757

Phone: 352-383-8901

7-25-00

Uniform Business Report

Division of Corporations

P.O. BOX 1500

TALLAHASSEE, FLA. 32302-1500

DEAR Official —

Please WAIVE OUR late fee for
the enclosed Uniform Business Report

WE JUST INCORPORATED IN Dec. 99
AND DID NOT RECEIVE 1st Notice of
the necessity of this filing. Our Bookkeeper

BECAME AWARE OF IT AND WE CALLED
RIGHT AWAY TO GET THE CORRECT FORM.

Your Steve, SAID THAT WE SHOULD INCLUDE
THIS NOTE AND LATE FEE WOULD PROBABLY
BE WAIVED THIS TIME.

Thank You
Candice S. Tatum, Psc.
Candice S. Tatum, Psc.