

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000108852

1. Entity Name

MACARENA FOODS, INC.

**FILED**  
**Mar 30, 2000 8:00 am**  
**Secretary of State**

03-30-2000 90057 001 \*\*\*150.00

Principal Place of Business

8320 W SUNRISE BLVD. #215  
PLANTATION FL 33322

Mailing Address

8320 W SUNRISE BLVD. #215  
PLANTATION FL 33322

C0048450



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0976264

Applied For

Not Applicable

Zip

Country

USA

Zip

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHMIDT, MARK L  
8320 W SUNRISE BLVD, #215  
PLANTATION FL 33322

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Delete  
Mark L Schmidt  
PRESIDENT  
STREET ADDRESS 8320 W. Sunrise Blvd Suite 215  
CITY-ST-ZIP Plantation, FL 33322

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

TITLE NAME ☐ Delete  
V. President  
BENJAMIN MAZAR  
STREET ADDRESS 10701 CLEARY BLVD., APT. 101  
CITY-ST-ZIP PLANTATION, FL 33324

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

TITLE NAME ☐ Delete  
V. President / ~~SECRETARY~~  
JHIMIN MAZAR  
STREET ADDRESS 1702 MCKINLEY ST., APT. 4  
CITY-ST-ZIP HOLLYWOOD, FL 33020

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

TITLE NAME ☐ Delete  
TREASURER  
ANDREW LEVY  
STREET ADDRESS 944 SAVANNAH FALLS DR.  
CITY-ST-ZIP WESTON, FL 33327

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

TITLE NAME ☐ Delete  
Secy  
DORINDA L. VALDES  
STREET ADDRESS 10724 NW 37 PLACE  
CITY-ST-ZIP SUNRISE, FL 33351

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-21-00

Date

954-472-0533

Daytime Phone #