

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90212 031 ***150.00

DOCUMENT # P99000108852

1. Entity Name

MACARENA FOODS, INC.

Principal Place of Business

Mailing Address

**8320 W SUNRISE BLVD. #215
 PLANTATION FL 33322
 US**

**8320 W SUNRISE BLVD. #215
 PLANTATION FL 33322
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0976264

Applied For

Not Applicable

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, 2001 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 **P** ☐ Delete
 NAME **SCHMIDT, MARK L**
 STREET ADDRESS **6320 W SUNRISE BLVD STE 215**
 CITY-ST-ZIP **PLANTATION FL 33322**

TITLE **P** ☒ Change ☐ Addition
 NAME **SCHMIDT, MARK L**
 STREET ADDRESS **6320 W. SUNRISE BLVD., STE. 215**
 CITY-ST-ZIP **PLANTATION, FL 33322**

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

TITLE **V** ☒ Change ☐ Addition
 NAME **MAZAR, BENJAMIN**
 STREET ADDRESS **10741 CLEARY BLVD., APT. 203**
 CITY-ST-ZIP **PLANTATION, FL 33324**

TITLE **V** ☐ Delete
 NAME **MAZAR, SHIMON**
 STREET ADDRESS **1702 MCKINLEY ST APT 4**
 CITY-ST-ZIP **HOLLYWOOD FL 33020**

TITLE **V** ☒ Change ☐ Addition
 NAME **MAZAR, SHIMON**
 STREET ADDRESS **1000 NW 107 AVE.**
 CITY-ST-ZIP **PLANTATION, FL 33322**

TITLE **T** ☒ Delete
 NAME **LEVY, ANDREW**
 STREET ADDRESS **944 SAVANNAH FALLS DR**
 CITY-ST-ZIP **WESTON FL 33327**

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

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

TITLE **S/T** ☒ Change ☐ Addition
 NAME **VALDES, DORINDA L.**
 STREET ADDRESS **10724 NW 37 PLACE**
 CITY-ST-ZIP **SUNRISE, FL 33351**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/11/01 (954) 472-0533

CR2E034 (10/00)

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