

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 01, 2002 8:00 am**  
**Secretary of State**

04-01-2002 90640 007 \*\*\*150.00

0020937 AV

**DOCUMENT # P96000077805**

1. Entity Name  
**MACARENA, INC.**

Principal Place of Business  
**1334 WASHINGTON AVENUE**  
**MIAMI BEACH FL 33133**

Mailing Address  
**1334 WASHINGTON AVENUE**  
**MIAMI BEACH FL 33133**



2. Principal Place of Business  
~~1334 Washington Ave~~  
 Suite, Apt. #, etc.

3. Mailing Address  
~~1334 Washington Ave~~  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**Miami Beach, FL**  
 Zip **33139** Country **USA**

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 Zip **33139** Country **USA**

4. FEI Number **65-0759591**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**GALAN, CARLOS**  
**1334 WASHINGTON AVE #301**  
**MIAMI FL 33139**

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ (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. ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>RUIZ, CESAR</b> <b>1334 WASHINGTON AVENUE, SUITE 301</b> <b>MIAMI BEACH FL 33139</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>GALAN, CARLOS</b> <b>1334 WASHINGTON AVENUE SUITE 301</b> <b>MIAMI BEACH FL 33139</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 reports 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**  
**CARLOS GALAN**

Date

Daytime Phone #

**3/19/02 305-5313440**

CR2E034 (9/01)