FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

## Apr 28, 2002 8:00 am Secretary of State DOCUMENT # F97000003786 1. Entity Name 04-28-2002 90578 008 \*\*\*150.00 MACHO GRANDE, INC. Principal Place of Business Mailing Address 14 S. SWINTON AVE. 14 S. SWINTON AVE. DELRAY BEACH FL 33444 **DELRAY BEACH FL 33444** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 52-2046207 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SMITHER. ROBERT M JR. Street Address (P.O. Box Number is Not Acceptable) 14 S. SWINTON AVE. **DELRAY BEACH FL 33444** City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE ☐ Delete TITLE ☐ Change ☐ Addition FREAKLEY, EDWIN M NAME NAME STREET ADDRESS 14 SOUTH SWINTON AVE STREET ADDRESS **DELRAY BEACH FL 33444** CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE VSTD NAME SMITHER JR. ROBERT M NAME STREET ADDRESS STREET ADDRESS 14 S. SWINTON AVE. CITY-ST-7IP CITY-ST-ZIP **DELRAY BEACH FL 33444** - Change-TITLE Delete -TITLE Addition-NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7iP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change | ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 exemption 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 of the received 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.

M. SMITHER, JR 4/1062 (561) 243-2400