

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # J53614****1. Entity Name**  
**MACRO INVESTMENTS, INC.****FILED**  
**Apr 11, 2001 8:00 am**  
**Secretary of State**

04-11-2001 90136 011 \*\*\*150.00

**Principal Place of Business****112 MARCIA DR**  
**SUITE A-11**  
**ALTAMONTE SPRINGS FL 32714**  
**US****Mailing Address****112 MARCIA DR**  
**SUITE A-11**  
**ALTAMONTE SPRINGS FL 32714**  
**US****2. Principal Place of Business****108 MARCIA DRIVE****3. Mailing Address****108 MARCIA DRIVE**

Suite, Apt. #, etc.

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**City & State****ALTAMONTE SPRINGS, FL****City & State****ALTAMONTE SPRINGS, FL****4. FEI Number****04-2985474****Applied For****Not Applicable****Zip**  
**32714****Country**  
**USA****Zip**  
**32714****Country**  
**USA****5. Certificate of Status Desired** ☐**\$8.75 Additional**  
**Fee Required****6. Name and Address of Current Registered Agent****LEMUS, ANTONIO**  
**112 MARCIA DR**  
**ALTAMONTE SPRINGS FL 32714****7. Name and Address of New Registered Agent****Name****ANTONIO LEMUS****Street Address (P.O. Box Number is Not Acceptable)****108 MARCIA DRIVE****City****ALTAMONTE SPRINGS FL****Zip Code****32714****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****ANTONIO LEMUS**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**DATE**

4/7/01

**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****TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**PD**  
**LEMUS, ANTONIO**  
**112 MARCIA DR**  
**ALTAMONTE SPRINGS FL 32714** ☐ Delete**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP** ☐ Delete**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP** ☐ Delete**TITLE**  
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**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP** ☐ Delete**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP** ☐ Delete**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP** ☒ Change ☐ Addition  
**108 MARCIA DRIVE**  
**ALTAMONTE SPRINGS, FL 32714****TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP** ☐ Change ☐ Addition**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP** ☐ Change ☐ Addition**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP** ☐ Change ☐ Addition**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP** ☐ Change ☐ Addition**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP** ☐ Change ☐ 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 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:****ANTONIO LEMUS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Date**

4/7/01 407 8656620

**Daytime Phone #**

CR2E034 (10/00)