FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

APPROVED
05-08-2002 90130 028 ***150.00
P01000081513

DOCUMENT # P01000081513

1. Entity Name
Macgirl, Inc.

02 MAY -8 PM 12:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
880 Mandalay Ave	880 Mandalay Ave
Suite, Apt. #, etc. #C1207	Suite, Apt. #, etc. #C1207
City & State Clearwater FL	City & State Clearwater Fl
Zip 33767 Country US	Zip 33767 Country US

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3743035 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Yifat Hachamovitch

Street Address (P.O. Box Number is Not Acceptable) 880 Mandalay Avenue #C1207

City Clearwater **FL** Zip Code 33767

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☑

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	President + TREASURER YIFATHACHAMOVITCH 880 Mandalay Ave #C1207 CLEARWATER FL 33767	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Yifat Hachamovitch YIFAT HACHAMOVITCH 4/29/2002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone 7272988989