## FILED May 16, 2002 8:00 ams Secretary of State 2002 UNIFORM BUSINESS REPORT (UBR) P01000094040 DOCUMENT # 1. Entity Name MACAND REALTY CORP. 05-16-2002 90033 042 \*\*\*150 00 Principal Place of Business Mailing Address 11958 SW 72ND TERRACE 11958 SW 72ND TERRACE MIAMI FL 33183 **MIAMI FL 33183** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 1520 65-Not Applicable \$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 MARI MACIAS, JUAN C Street Address (P.O. Box Number is Not Acceptable) 11958 SW 72ND TERRACE **MIAMI FL 33183** City 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 (NOTE: Registered Agent signature required when reinstating) nd title if applicable 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. П Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 (9/01)TITLE ☑ Delete TITLE 60 Change ☐ Addition MACIAS, JUAN C JUAN C. MACIAS NAME NAME 11958 SW 72ND TERRACE 2601 SW 134CT. STREET ADDRESS CR2E034 STREET ADDRESS MiAmi MIAMI FL 33183 CITY-ST-ZIP CITY-ST-ZIP . Florida 33182 TITLE Delete TITLE MACIAS, CAROLINA NAME CAROLINA MACIAS NAME 11958 SW 72ND TERRACE SW 134cT. STREET ADDRESS STREET ADDRESS MIAMI FL 33183 CITY-ST-ZIE CITY-ST-ZIP FLORIDA TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP pplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information hal 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 stee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if in address, with all other like empowered. I hereby certify that the information s indicated on this report or supplement of the corporation or the receiver of the changed, or on an attachment SIGNATURE: TO THE THE WAY

Daytime Phone #

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR