

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000000690

1. Entity Name  
MACON TRADING, INC.



**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90886 001 \*\*\*450.00

0296767 AV

Principal Place of Business  
2450 SW 137TH AVENUE SUITE 221 234  
MIAMI FL 33175

Mailing Address  
2450 SW 137TH AVENUE SUITE 221 234  
MIAMI FL 33175



2. Principal Place of Business  
2450 SW 137 AVE  
Suite, Apt. #, etc.  
# 234

3. Mailing Address  
2450 SW 137 AVE  
Suite, Apt. #, etc.  
# 234

☐ CHECK HERE IF MAKING CHANGES

City & State  
MIAMI, FL

City & State  
MIAMI, FL

4. FEI Number  
APPLIED FOR

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

6. Name and Address of Current Registered Agent  
LOPEZ, PETER M ESQ  
2450 SW 137TH AVENUE SUITE 221 234  
MIAMI FL 33175

7. Name and Address of New Registered Agent  
Name  
PETER M. LOPEZ, ESQ  
Street Address (P.O. Box Number is Not Acceptable)  
2450 SW 137 AVE  
STE 234  
City  
MIAMI FL Zip Code  
33175

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE PETER M. LOPEZ, ESQ 4/25/03  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	D.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALENTINO, GUILLERMO		NAME	Valentino Guillermo	
STREET ADDRESS	2450 SW 137TH AVENUE SUITE 221 234		STREET ADDRESS	2450 SW 137 AVE STE 234	
CITY-ST-ZIP	MIAMI FL 33175		CITY-ST-ZIP	MIAMI, FL 33175	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, HECTOR JOSE		NAME	Rodriguez, Hector Jose	
STREET ADDRESS	2450 SW 137TH AVENUE SUITE 221 234		STREET ADDRESS	2450 SW 137 AVE STE 234	
CITY-ST-ZIP	MIAMI FL 33175		CITY-ST-ZIP	MIAMI, FL 33175	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Hector Jose Rodriguez 4/25/03  
Date

Daytime Phone #

CR2E034 (10/02)