## **2003 FOR PROFIT CORPORATION**

## **UNIFORM BUSINESS REPORT (UBR)**

P02000018483 DOCUMENT #

1. Entity Name

MACRO DESIGN STUDIOS, INC.



**FILED** Apr 28, 2003 8:00 am Secretary of State

04-28-2003 90143 038 \*\*\*150.00

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Security   State   Security	Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  SPIECEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAM FL. 33145  6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the collegation of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegation of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegation of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegation of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegation of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegation of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegation of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegation of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegation of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegation of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegation of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegation of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegation of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegation of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegation of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegation of Florida Department of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the collegation of Florida Department of	City & State		City & State		4	1. FEI Number 04-36 08596	<u> </u>		
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SPIECEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MAMI R. 33145  City  FL  Zid 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 Florate. I am familiar with, and accept the obligations of registered agent.  SIGNATUPE  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  TOPS  T		6. Name and Address of Current	Registered Agent			7. Name and Address of New Register	ed Agent		
1840 SW 22ND ST. 4TH FLOOR MAMIFL 33145  8. The above named entity submits this statement for the purpose of changing its registered algent, or both, in the State of Florida. I an namiliar with, and accept the obligations of registered agent.  SIGNATURE    Signatura transformed of registered optics are the appealable.   PACTE, Registered Agent deprotuse requires who elevations of registered agent.		للمالية المنطقية المنطقين المالية المنطقة	A Secretary and the second	Name	Name				
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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: