

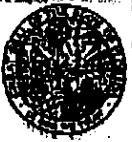
FILED
Aug 22, 2003 8:00 am
Secretary of State

05-27-2003 90162 021 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

5/271

55054778

DOCUMENT # P02000135302			
1. Entity Name MACLAMA CORPORATION			
Principal Place of Business 2419 EAST COMMERCIAL BLVD., SUITE 300 FORT LAUDERDALE FL 33309		Mailing Address 2419 EAST COMMERCIAL BLVD., SUITE 300 FORT LAUDERDALE FL 33309	
E. Principal Place of Business		F. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
G. Name and Address of Current Registered Agent IERACI, PIO 2419 EAST COMMERCIAL BLVD., SUITE 300 FORT LAUDERDALE FL 33309		H. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
State		State	
Zip Code		Zip Code	
I. 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		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		J. 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 LENCI, ANDREA	TITLE	
NAME		NAME	
STREET ADDRESS	2419 EAST COMMERCIAL BLVD., SUITE 300	STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33309	CITY-ST-ZIP	
TITLE	D LENCI, GLAUDA	TITLE	
NAME		NAME	
STREET ADDRESS	2419 EAST COMMERCIAL BLVD., SUITE 300	STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33309	CITY-ST-ZIP	
TITLE	D LENCI, FANTIA	TITLE	
NAME		NAME	
STREET ADDRESS	2419 E. COMMERCIAL BLVD SUITE 300	STREET ADDRESS	
CITY-ST-ZIP	F. LAUDERDALE, FL 33309	CITY-ST-ZIP	
TITLE	D LENCI, ROBERTA	TITLE	
NAME		NAME	
STREET ADDRESS	2419 E. COMMERCIAL BLVD SUITE 300	STREET ADDRESS	
CITY-ST-ZIP	F. LAUDERDALE, FL 33309	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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 TITLE OR PRINTED NAME OF SIGNER REQUIRED ON CERTIFICATION		Date	

CR22004 (10/02)

Attachment

DAVID E. BUCK, P.A.

CERTIFIED PUBLIC ACCOUNTANT

2900 EAST OAKLAND PARK BOULEVARD

FT. LAUDERDALE, FLORIDA 33306

PHONE (954) 561-3303 FAX (954) 566-5400

August 20, 2003

Florida Department of State

P.O. Box 1500

Tallahassee, FL 32302

55054778

Re: MACLAMA CORPORATION (P02000135302)

Dear Sir or Madam,

The above corporation received earlier correspondence from your office requesting the federal identification number for this entity. The identification number was just assigned today, on August 20, 2003. The corporation was unable to provide you with this information until this time as there was a delay in the assignment of the identification number by the Internal Revenue Service.

Please add the identification number to the corporation's records and complete the filing of the annual report. Thank you for your assistance with this matter. Please contact me or the registered agent if you need further information. Thank you.

Very Truly Yours,

David E. Buck, C.P.A.