

2004 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P03000047970

1. Entity Name

MACEDO CORPORATION

FILED
Mar 17, 2004 8:00 am
Secretary of State

03-17-2004 90037 003 ***150.00

94030898

Principal Place of Business Mailing Address
10120 BOCA ENTRADA BLVD #211 10120 BOCA ENTRADA BLVD #211
BOCA RATON, FL 33428 BOCA RATON, FL 33428

2. Principal Place of Business 3. Mailing Address
9440 SW 8 ST **9440 SW 8 ST**
Suite/Apt./# etc. Suite/Apt./# etc.
APT 104 **APT 104**

DO NOT WRITE IN THIS SPACE

City & State City & State 4. FEI Number Applied For
BOCA RATON, FL **BOCA RATON, FL** **73-1664983** Not Applicable
Zip Country Zip Country 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
33428 **33428**

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
Name
TAX HOUSE CORPORTION
3929 N FEDERAL HWY
POMPAÑO BEACH, FL 33064 - USA
Street Address (P.O. Box Number is Not Acceptable)
1261 E Sample Road
City City Zip Code
POMPAÑO BEACH **FL** **33064**

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 **Breno R. Gomes - PRESIDENT** 03/09/2004
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐ **FILE NOW! FEE IS \$150.00**
After MAY 1, 2004 Fee will be \$550.00
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			12. ADDITIONS /CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SILVA, MARCELO		NAME		
STREET ADDRESS	9440 SW 8 ST		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33428		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		
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CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(1), 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 Block 12 N changed or on an attachment with an address, with all other like empowered.

SIGNATURE: **MARCELO SILVA - PRESIDENT** 03/09/2004 954-234-0180
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #