

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P93000007355**

1. Entity Name

MACRO TRADING, INC.

Principal Place of Business

Mailing Address

FILED
Jun 07, 2000 8:00 am
Secretary of State

06-07-2000 90433 040 ***150.00

U0059011

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 8470A SW 24 ST Suite, Apt. #, etc.		3. Mailing Address SALE Suite, Apt. #, etc.	
City & State MI A FL 33155		City & State	
Zip 33155	Country U.S.A	Zip	Country

4. FEI Number 65-0393351	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
		Name ALISA PACELSON	
		Street Address (P.O. Box Number is Not Acceptable) 8470A SW 24 ST	
		City MI A FL Zip Code 33155	

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 **ALISA PACELSON** **[Signature]** **05-19-02**
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. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE DIRECTOR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ELLIOTT PACELSON		NAME	
STREET ADDRESS 12921 S CALUSA CWR		STREET ADDRESS	
CITY-ST-ZIP MI A FL 33186		CITY-ST-ZIP	
TITLE PRESIDENT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ALISA PACELSON		NAME	
STREET ADDRESS 12921 S CALUSA CWR		STREET ADDRESS	
CITY-ST-ZIP MI A FL 33186		CITY-ST-ZIP	
TITLE DIRECTOR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JOHN PACELSON		NAME	
STREET ADDRESS 12921 S CALUSA CWR		STREET ADDRESS	
CITY-ST-ZIP MI A FL 33186		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	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **ALISA PACELSON** **[Signature]** **05-19-02 (305) 9923107**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)