

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000007355

1. Entity Name

**MACRO TRADING, INC.**

**FILED**  
**Mar 26, 2001 8:00 am**  
**Secretary of State**

03-26-2001 90073 022 \*\*\*150.00

Principal Place of Business

**8470A SW 24 STREET  
MIAMI FL 33155**

Mailing Address

**8470A SW 24 STREET  
MIAMI FL 33155**

930779

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0393351**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PAGELSOHN, ALISA  
8470A SW 24 STREET  
MIAMI FL 33155**

Name

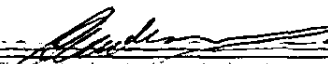
Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip 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 Florida.

SIGNATURE   
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)

**FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 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** ☐ Delete  
NAME **PAGELSOHN, ALISA**  
STREET ADDRESS **12921 SOUTH CALLUSA CLUB DRIVE**  
CITY-ST-ZIP **MIAMI FL 33186**

TITLE **PRESIDENT** ☐ Change ☐ Addition  
NAME **ANNIE PAGELSOHN**  
STREET ADDRESS **12921 S. CALUSA CLUB DR**  
CITY-ST-ZIP **MIAMI FLA 33186**

TITLE **D** ☐ Delete  
NAME **PAGELSOHN, ELLIOTT**  
STREET ADDRESS **12921 SCALUSA CLUB DR**  
CITY-ST-ZIP **MIAMI FL 33186**

TITLE **VICE PRESIDENT** ☐ Change ☐ Addition  
NAME **JOHN PAGELSOHN**  
STREET ADDRESS **12921 S. CALUSA CLUB DR**  
CITY-ST-ZIP **MIAMI FLA 33186**

TITLE **D** ☐ Delete  
NAME **PALELSOHN, JOHN**  
STREET ADDRESS **12921 SOUTH CALLUSA CLUB DRIVE**  
CITY-ST-ZIP **MIAMI FL 33186**

TITLE **DIRECTOR** ☐ Change ☐ Addition  
NAME **ALISA PAGELSOHN**  
STREET ADDRESS **12921 S CALUSA CLUB DR**  
CITY-ST-ZIP **MIAMI FLA 33186**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **ELLIOTT PAGELSOHN** ☐ Change ☐ Addition  
NAME **DIRECTOR**  
STREET ADDRESS **12921 S. CALUSA CLUB DR**  
CITY-ST-ZIP **MIAMI FL 33186**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-17-9 (305) 9923107  
Date Daytime Phone #

0191258

CR2E034 (10/00)