2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P93000035158

1. Entity Name MACORIX, INC.



FILED Feb 17, 2003 8:00 am Secretary of State 02-17-2003 90225 008 ***150.00

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Principal Place of Business 10800 SW 67 CT MIAMI FL 33156 US		Mailing Address 10800 SW 67 CT MIAMI FL 33156 US					1 100 ki 100 ki 110				
2. Principal I	Place of Busin	ess	3. Mailin	g Address	<u>-</u>	-	_				
Suite, Apt. #, etc.			Suite, Apt. #, etc.								
								☐ CHECK HE	RE IF MAKIN	IG CHANGE	S
City & State			City & State			4. FEI Number 65-04		FEI Number 65-04104	110401		Applied For Not Applicable
Zip -		Country	Zip	-	Coun	try	5.	Certificate of Status Desire	ed 🔲	\$8.75 A Fee Requi	
	6. Name	and Address of Current	Registered	Agent			7.	Name and Address of Ne	w Registered		
DODDIOL		a Matanaga aya ji				Name					
RODRIGUEZ, JOSE						ss (P.O. B	(P.O. Box Number is Not Acceptable)				
10800 SW MIAMI FL	•										
		,				City	-	,	FI	Zip Co	de
8. The above	e named entity	submits this statement for	the numoe	e of changing its	registers	d office or roat	etorod co	ent, or both, in the State of			
the obligat	tions of registe	ered agent.	the purpos	e or changing its	registere	sa onice or regi	stered ag	ent, or both, in the State of	Florida. Tam	ı tamıllar witr	i, and accept
CIONIATURE											
SIGNATURE .		r printed name of registered agent a	nd title if applica	ble. (NOTE	: Registered	d Agent signature req	uired when re	einstating)	DATE		
		FEE IS \$150.00	7	,					,		
After Make Check	r May 1, 2003 k Payable to	Fee will be \$550.00 Florida Department of	State					9. Election Campaign Trust Fund Contribu			00 May Be ed to Fees
After Make Check 10.	r May 1, 2003 Payable to	3 Fee will be \$550.00 Florida Department of OFFICERS AND I		 -	11.	,, <u>, , , , , , , , , , , , , , , , , , </u>	AD	Trust Fund Contribu	ution.	☐ Adde	ed to Fees
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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:

<u>siglazure reguire</u>d SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date