

FILED
Mar 13, 2003 8:00 am
Secretary of State

03-13-2003 90071 033 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000086435

1. Entity Name

MACALVA, INC



70027668

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

407 Lincoln Rd

Suite, Apt. #, etc.

Suite 502

City & State

Miami Beach, Florida

Zip

33139

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

52-1875161

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

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

City

FL

Zip Code

TORRES, ANGEL E

407 Lincoln Rd Suite 502

Miami Beach, FL 33139

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
AGUADO, ISIDRO GARCIA
407 Lincoln Rd Suite 502
Miami Beach, FL 33139

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VS
AGUADO, JORGE
407 Lincoln Rd Suite 502
Miami Beach, FL 33139

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
TORRES, ANGEL E
407 Lincoln Rd Suite 502
Miami Beach, FL 33139

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
TORRES, ANGEL E
407 Lincoln Rd Suite 502
Miami Beach, FL 33139

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/03

Date

(305) 672-0805

Daytime Phone #

CR2E034B (12/02)