2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Feb 07, 2001 8:00 am Secretary of State DOCUMENT # **P9400069451** MACDONALD DESIGN ASSOC. INC. 02-07-2001 90170 048 ***150.00 Principal Place of Business Mailing Address 66 NE 40TH ST 66 NE 40TH ST **MIAMI FL 33137 MIAMI FL 33137** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0519436 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MACDONALD, MATTHEW Street Address (P.O. Box Number is Not Acceptable) **66 NE 40TH ST MIAMI FL 33137** Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PVTS** TITLE TITLE ☐ Delete ☐ Change ☐ Addition MACDONALD, MATTHEW NAME NAME STREET ADDRESS **66 NE 40TH ST** STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33137** CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change □ Addition NAME NAME STREET ADDRÉSS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 132,07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and of the corporation or the receiver or trustee empowered to execute the changed, or on an attachment with an address, with all other like empower. If that my signature shall have the same legal effect as if made under oath; that I am an officer or director report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

FICER OR DIRECTOR

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING