

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0069419 AV

DOCUMENT # P96000034337

1. Entity Name  
MACAULAY INVESTMENTS, CORPORATION



FILED

03 OCT -9 AM 11:46

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business  
5601 NW 15TH AVENUE  
FT. LAUDERDALE FL 33309

Mailing Address  
5601 NW 15TH AVENUE  
FT. LAUDERDALE FL 33309



2. Principal Place of Business

1525 NW 56 ST

Suite, Apt. #, etc.

3. Mailing Address

1525 NW 56 ST

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES 03

City & State  
FORT LAUDERDALE FL

City & State  
FORT LAUDERDALE FL

4. FEI Number 65-0843087

Applied For  
Not Applicable

Zip 33309 Country USA

Zip 33309 Country USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BROWN, WILLIAM J ESQ  
777 BRICKELL AVENUE., STE 1114  
MIAMI FL 33131

7. Name and Address of New Registered Agent

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. 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 reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**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 P  
NAME ZUR, RAFAEL  
STREET ADDRESS 5601 NW 15TH AVENUE 1525 NW 56th ST  
CITY-ST-ZIP FT. LAUDERDALE FL 33309

TITLE V  
NAME ROGOWSKI, IZHAK  
STREET ADDRESS 5601 NW 15 AVE 1525 NW 56th ST  
CITY-ST-ZIP FORT LAUDERDALE FL 33309

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9.26.03 9542143561.

Date Daytime Phone #

CR2E034 (4/03)