

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000034337

1. Entity Name
MACAULAY INVESTMENTS, CORPORATION



FILED

069419 AV

03 OCT -9 AM 11:46

SECRETARY OF STATE
TALLAHASSEE FLORIDA



CHECK HERE IF MAKING CHANGES 03

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

3. Mailing Address
1525 NW 56 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Fort Lauderdale FL

City & State
Fort Lauderdale FL

Zip 33309 Country USA

Zip 33309 Country USA

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
CITY-ST-ZIP FT. LAUDERDALE FL 33309

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Delete

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

300023662813
10/09/03--01024--011 **750.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE Change Addition
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 all other like empowered.

SIGNATURE:

REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9.26.03 9542143581

Date

Daytime Phone #

CR2E034 (4/03)