2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Mar 28, 2001 8:00 am DOCUMENT # P97000074914 **Secretary of State** MACEDO ITS CORPORATION, INC. 03-28-2001 90210 032 ***150.00 Principal Place of Business Mailing Address 7828 GLEN GARY LANE 7828 GLEN GARY LANE DELRAY BEACH FL 33446 DELRAY BEACH FL 33446 00038769 2. Principal Place of Business 3. Mailing Address 7538 GLENDEVON LN 7538 GLENDEVONLANE Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 65-0777895 DELRAYBEACH DELRAY BEACH Not Applicable Country 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 DAVIDOFF SANDRA SEPNER, HERBERT N Street Address (P.Q. Box Number is Not Acceptable) 7828 GLEN GARY LANE **DELRAY BEACH FL 33446** 8. The above named entity subplits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS Delete TITLE PR45. SEPNER, HERBERT N NAME NAME SANDRA L. DAVIDOFF 7538 GLENDEVON DELRAY BEACH FL 33 STREET ADDRESS STREET ADDRESS 7828 GLEN GARY LANE DELRAY BEACH CITY-ST-ZIP CITY-ST-ZIP DELRAY BEACH FL 33446 Delete TITLE DVP TITLE NAME IZZO, THOMAS NAME BETH 1041 SE SEAGRASS AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PT. ST. LUCIE FL 34983 **PST** ☐ Delete TITLE ☐ Addition TITLE TACK: JAMES NAME NAME² STREET ADDRESS STREET ADDRESS 1600 HOWARD PL. CITY-ST-ZIP CITY-ST-ZIP **BALDWIN NY 11510** Addition TREAS. TITLE ☐ Delete TITLE ☐ Change NAME ALAN BRAVERMAN STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment w

andra Lee Davidoff