

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2001 8:00 am
Secretary of State
 04-16-2001 90015 023 ***150.00

0157037

DOCUMENT # P98000048926

1. Entity Name
MACAW TECHNOLOGIES, INC.

Principal Place of Business
**1830 TIGERTAIL AVENUE
 COCONUT GROVE FL 33133**

Mailing Address
**1830 TIGERTAIL AVENUE
 COCONUT GROVE FL 33133**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0996570**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

**ARDMAYO, EDMUND
 1830 TIGERTAIL AVE
 MIAMI FL 33133**

← misspelled →

7. Name and Address of New Registered Agent

Name **ARAYO, EDMUND**

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.

SIGNATURE **EDMUND ARAMAYO**

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

4-10-01

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME **PTD ARAMAYO, EDMUND J** ☐ Delete
 STREET ADDRESS **1830 TIGERTAIL AVENUE**
 CITY-ST-ZIP **COCONUT GROVE FL 33133**

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME **SVD MOLLER, CORSTEN B** ☐ Delete **CARSTEN**
 STREET ADDRESS **1830 TIGERTAIL AVENUE**
 CITY-ST-ZIP **COCONUT GROVE FL 33133**

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 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 or 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 with an address with all other like empowered.

SIGNATURE:

EDMUND ARAMAYO

Date

Daytime Phone #

4-10-01 305.860.9100

CR2E034 (10/00)