2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 28, 2000 8:00 am Secretary of State DOCUMENT # **P98000068677** 1. Entity Name MACSY INVESTMENTS, INC. 01-28-2000 90111 034 ***158.75 Principal Place of Business Mailing Address 7846 CORAL WAY 7846 CORAL WAY **MIAMI FL 33145** MIAMI FL 33155-6551 A001391'1 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0856640 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Anthonu BACHAN MOORE, CECILIA Street Address (P.O. Box Number is Not Acceptable) 1846 CORAL WAY **MIAMI FL 33155** 4 STREET 4115 City HIAMI 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 DACHAN HUTHOUR NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 OFFICERS AND DIRECTORS 11. PRESIDENT & VICE PRESIDENT **PSD** Pelete TITLE TITLE ANTHONY BACHAN NAME MOORE, CECILIA NAME TBUG CORAL WAY STREET ADDRESS STREET ADDRESS 7846 CORAL WAY CITY-ST-ZIP CITY-ST-ZIP HIAMI FL 38155 **MIAMI FL 33155** SCLEETARY X Addition ☐ Change VTD ☐ Delete TITLE TITL F Ioseph Semoall NAME BACHAN, ANTHONY NAME TBUG CORAL WAY STREET ADDRESS STREET ADDRESS 7846 CORAL WAY CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33155** Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P Addition ☐ Change □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS 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 attack ment with an address, with all other like empowered.

SIGNATURE

CITY-ST-ZIP