FILED

## 200 UNIFORM BUSINESS REPORT (UBR)

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## Mar 12, 2001 8:00 am DOCUMENT # P98000072217 Secretary of State MACAMBU, INC. 03-12-2001 90506 011 \*\*\*150.00 Mailing Address Principal Place of Business -12501 G.W. 100 AVE. 888 BRICKELL 8813 SW 132ST KEY DRIVE MIAMI FL 33176-33131 MIAMI FL 33170 APT# 712 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State 4. FEI Number Applied For 65-0871521 MiAMI Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CARLOS DOMINGO MATCHETTE, RICHARD Street Address (P.O. Box Number is Not Acceptable) 12501 S.W. 108 AVE. MIAMI FL 33176 BRICKELL KEY DA nt for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity submit (NOTE: Registered Agent signature required when reinstating) agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to sa -10. Election Campaign Financing \$5.00-May-Be After MAY 1, 2001 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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. ☐ Addition TITLE ☐ Change TITLE ☐ Delete DE DOMINGO, MARISEL D NAME NAME 888 BRICKELL KEY 12501 S.W. 108 AVE. STREET ADDRESS STREET ADDRESS MIAMI FL 39178 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE 12501 S.W. 100 AVE. 888 BRICKELL KEY DR. DOMINGO, CARLOS A NAME NAME STREET ADDRESS STREET ADDRESS MIAMI FL 30176-CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change TITLE TITLE MATCHETTE, RICHARD J NAME NAME 12501 SW 108 AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33176** CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-7IP 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 epolt is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation or the receiver or trustee employees to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

other like empowered.

TED NAME OF SIGNING OFFICER OR DIRECTOR