

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90144 044 ***150.00

DOCUMENT # P98000072217

1. Entity Name
MACAMBU, INC.



Principal Place of Business
8430 NW 81 STREET
MIAMI FL 33166-9398

Mailing Address
8430 NW 81 STREET
MIAMI FL 33166-9398

90012606



2. Principal Place of Business

3132 Fortune Way
Suite, Apt. #, etc.
D-1

3. Mailing Address

3132 FORTUNE WAY
Suite, Apt. #, etc.
D-1

☐ CHECK HERE IF MAKING CHANGES

City & State
Wellington, FLA 33414
Zip 33414-8228 Country U.S.A

City & State
WELLINGTON, FLORIDA
Zip 33414-8728 Country U.S.A

4. FEI Number 65-0871521

☒ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DOMINGO, CARLOS A
11770 ST ANDREWS PLACE
APT 208
WELLINGTON FL 33414

7. Name and Address of New Registered Agent

Name N/A
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 CARLOS A. DOMINGO, PRESIDENT
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/26/2003
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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 PVD
NAME DOMINGO, CARLOS A
STREET ADDRESS 11770 ST ANDREWS PLACE #208
CITY-ST-ZIP WELLINGTON FL 33414

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/2003
Date

Daytime Phone #

CR2E034 (10/02)