

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2002 8:00 am
Secretary of State
 05-16-2002 90012 044 ***150.00

DOCUMENT # P98000095853

1. Entity Name
MACCUP, INC.

Principal Place of Business 100 N.W. 62ND ST (W. CYPRESS CR. RD) #930 FORT LAUDERDALE FL 33309	Mailing Address 100 N.W. 62ND ST (W. CYPRESS CR. RD) #930 FORT LAUDERDALE FL 33309
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2. Principal Place of Business 2404 Hollywood Blvd. Suite, Apt. #, etc.	3. Mailing Address P.O. Box 220063 Suite, Apt. #, etc.
City & State Hollywood, Florida Zip 33020	City & State Hollywood, Florida Zip 33022-0063

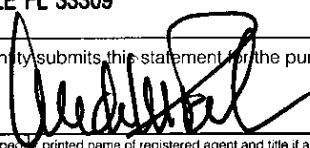


DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0878257	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent PARISH, ANDREW M ESQ. 100 W. CYPRESS CREEK RD. #930 FORT LAUDERDALE FL 33309	7. Name and Address of New Registered Agent Name Parish, Andrew M. Esq. Street Address (P.O. Box Number is Not Acceptable) 2404 Hollywood Boulevard City Hollywood FL Zip Code 33020
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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  DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DOBREV, ATANAS 42B RODOPSLI IZVOR STR SOFIA BU 1680 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **4/23/02** **(954) 351-4588**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)