

2002 UNIFORM BUSINESS REPORT (UBR)

0215695 AV

DOCUMENT # P99000000418

1. Entity Name
MACDA INTERNATIONAL CORP.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 FEB 27 AM 10:03

Principal Place of Business
999 PONCE DE LEON BLVD
1105
CORAL GABLES FL 33134

Mailing Address
999 PONCE DE LEON BLVD
1105
CORAL GABLES FL 33134



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

65-1057526

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

7. Name and Address of New Registered Agent

CARRILLO, GUILLERMO
999 PONCE DE LEON BLVD
STE 1105
CORAL GABLES FL 33134

Name

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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, 2002 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
STREET ADDRESS
CITY-ST-ZIP
D
CARRILLO ARENA, GUILLERMO
901 PONCE DE LEON BLVD., SUITE 601
CORAL GABLES FL 33313-4 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/02

774-6165

CR2E034 (9/01)

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #	LLP970000216
1. Entity Name	
DUANE, MORRIS & HECKSCHER LLP	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 FEB 27 PM 1:40
W 2/27

Principal Place of Business Address	Mailing Address

2. Principal Place of Business Address	3. Mailing Address
1650 Market Street Suite, Apt. #, etc. One Liberty Place City & State Philadelphia, PA Zip 19103-7396 Country USA	1650 Market Street Suite, Apt. #, etc. One Liberty Place City & State Philadelphia, PA Zip 19103-7396 Country USA

4. FEI Number	Applied For
#23-1392502	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM 1200 South Pine Island Road Plantation, Florida 33324

7. Name and Address of New Registered Agent
Name
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____

FILE NOW!!!
FEE IS \$25.00
Report Due By May 1, 2002

FOR OFFICE USE ONLY

9. The execution of this report as a partner constitutes an affirmation under the penalties of perjury that the facts stated herein are true.		
DUANE, MORRIS & HECKSCHER LLP		
SIGNATURE: _____ Sheldon M. Bonovitz, Partner and Chairman	Date 2/20/02	Daytime Phone # 215-979-1972

CR2E082 (12/01)

CT CORPORATION

CORPORATION(S) NAME

Duane, Morris & Heckscher, LLP

RECEIVED
02 FEB 27 AM 11:07
DIVISION OF CORPORATION

<input type="checkbox"/> Profit	<input type="checkbox"/> Amendment	<input type="checkbox"/> Merger
<input type="checkbox"/> Nonprofit		
<input type="checkbox"/> Foreign	<input type="checkbox"/> Dissolution/Withdrawal	<input type="checkbox"/> Mark
	<input type="checkbox"/> Reinstatement	
<input type="checkbox"/> Limited Partnership	<input checked="" type="checkbox"/> Annual Report	<input type="checkbox"/> Other
<input type="checkbox"/> LLC	<input type="checkbox"/> Name Registration	<input type="checkbox"/> Change of RA
	<input type="checkbox"/> Fictitious Name	<input type="checkbox"/> UCC
<input type="checkbox"/> Certified Copy	<input type="checkbox"/> Photocopies	<input type="checkbox"/> CUS
<input type="checkbox"/> Call When Ready	<input type="checkbox"/> Call If Problem	<input type="checkbox"/> After 4:30
<input checked="" type="checkbox"/> Walk In	<input type="checkbox"/> Will Wait	<input checked="" type="checkbox"/> Pick Up
<input type="checkbox"/> Mail Out		

Name _____
Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____

2/27/02

Order#: 5155124

Ref#: _____

Amount: \$ _____

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615