2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000047111

1. Entity Name
MACALUSO'S, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JUN 22 PM 3:38

Principal Place of Business	Mailing Address
1568 SPRINGSIDE DRIVE WESTON FL 33326	1568 SPRINGSIDE DRIVE WESTON FL 33326

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE
05-17-01 90112 001 $300.00 & 150.01

4. FEI Number 65-0922297 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FRIEDMAN, SUZANNE ESQ.
KATZ & FRIEDMAN, P.A.
100 S. PINE ISLAND ROAD SUITE 114
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name: YANOWITCH PETER J
Street Address (P.O. Box Number is Not Acceptable): 800 BRICKELL AVE SUIT 550
MIAMI FL. 33131
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 Peter J. Yanowitch Esq. 06/13/01
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, 2001 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	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	D'ANDREA, MICHAEL	NAME	
STREET ADDRESS	1568 SPRINGSIDE DRIVE	STREET ADDRESS	
CITY-ST-ZIP	WESTON FL 33326	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
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TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

N 6/27

CR2E034 (10/00)

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: Michael D'A... 4/26 305 604-1811
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Jun. 12 2001 12:16PM P4 FAX NO. :