

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 22, 2000 8:00 am**  
**Secretary of State**

08-22-2000 90236 025 \*\*\*150.00

DOCUMENT # P99000050712

1. Entity Name  
**MACASSAR TRADING (USA), INC.**

A0074016



DO NOT WRITE IN THIS SPACE

Principal Place of Business 555 N.E. 15TH STREET VENETIAN CONDOS #35C MIAMI FL 33132	Mailing Address 555 N.E. 15TH STREET VENETIAN CONDOS #35C MIAMI FL 33132
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2. Principal Place of Business <b>445 ESPANOLA WAY</b>	3. Mailing Address <b>445 ESPANOLA WAY</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>MIAMI BEACH, FL</b>	City & State <b>MIAMI BEACH, FL</b>
Zip <b>33139</b>	Country <b>U.S.A.</b>
Country <b>U.S.A.</b>	Zip <b>33139</b>

4. FEI Number <b>65-0945965</b>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**FILINGS, INC.**  
**3732 N.W. 16TH STREET**  
**FT. LAUDERDALE FL 33311-4132**

7. Name and Address of New Registered Agent  
 Name **MARCELO MONTEIRO**  
 Street Address (P.O. Box Number is Not Acceptable)  
**555 NE 15TH ST.**  
 City **MIAMI** FL Zip Code **33132**

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]* DATE: **17 August 2000**  
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)

**FILE NOW!!! FEE IS \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MONTEIRO, MARCELO</b> <b>555 N.E. 15TH STREET</b> <b>MIAMI FL 33132</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICIS-PRESIDENT</b> <b>SEAN MARC RIEBUN</b> <b>555 NE 15TH ST.</b> <b>MIAMI, FL 33132</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]* **305 695 8086**  
Daytime Phone #

CR2E034 (5/00)

Attachment Doc # P990000  
50712

A0074016

Marcelo Monteiro  
Macassar Trading USA Inc  
445 Espanola Way  
Miami Beach, Fl 33139

August 12, 2000

Florida Department of State  
Annual Reports Filings  
PO Box 1500  
Tallahassee, Fl 32302-1500

RE: Macassar Trading USA Inc

Dear Sir or Madam:

Enclosed are our Corporate Annual Report and a check for the original filing fee of \$150.00. We are requesting that the \$400.00 penalty be waived because of extenuating services.

We never received the first notice. It may have gone to the registered agent who did not forward it to us. Since this was our first year in business, we had no idea that we had to file this report every year and the company that set up our corporation, the registered agent, never informed us.

We are asking that you please waive the penalty. We will send in the annual report on time in the future. Thank you for your consideration.

Sincerely,  
*Marcelo Monteiro*  
President