2001 UNIFORM BUSINESS REPORT (UBR)

Jan 26, 2001 8:00 am Secretary of State DOCUMENT # P99000100591 MACRO SOLUTIONS, INC. 01-26-2001 90106 017 ***150.00 Principal Place of Business Mailing Address 1578 SW 186 TERRACE 1578 SW 186 TERRACE PEMBROKE PINES FL 33029 PEMBROKE PINES FL 33029 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0962539 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RANGEL, ELIANA S Street Address (P.O. Box Number is Not Acceptable) 1578 SW 186 TERRACE PEMBROKE PINES FL 33029 Zip Code FL 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, 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. PIT **PSD** TITLE Delete ☐ Change Addition TITLE AANGEL, ELIANA S. NAME RANGEL, ELIANA S NAME 1578 SW 186 TERRACE STREET ADDRESS STREET ADDRESS 1578 SW 186 TERRACE CITY-ST-ZIP CITY-ST-ZIP PEMBROKE PINES, FL, 33029 PEMBROKE PINES FL 33029 TITLE Delete TITLE VILLAFANE, MAURICIO J. NAME VILLAFINE, MAURICIO J NAME 1578 SW 186 TERRACE STREET ADDRESS STREET ADDRESS 1578 SW 186 TERRACE CITY-ST-ZIP CITY-ST-ZIP PEMBROKE PINES, FL, 33029 PEMBROKE PINES FL 33029 TITLE ☐ Delete TITLE ☐ Addition FATARDO, ENRIQUE O. NAME NAME 1578 Sw 186 TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PEMBROKE PINES, FL, 33029 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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. Eliana S. Rangel

SIGNATURE:

01/16/01

FILED