

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90095 021 ***150.00

DOCUMENT # S54209

1. Entity Name
MACANA, INC.



Principal Place of Business
**20911 JOHNSON ST
108
PEMBROKE PINES FL 33029
US**

Mailing Address
**20911 JOHNSON ST
108
PEMBROKE PINES FL 33029
US**



2. Principal Place of Business

11461 INTERCHANGE CIRCLES

3. Mailing Address

11461 INTERCHANGE CIRCLE SOUTH

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

MIRAMAR

City & State

MIRAMAR

4. FEI Number **65-0260131**

Applied For

Not Applicable

Zip

33025

Country

U.S.A

Zip

33025

Country

U.S.A

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

**BABBI, JAMES M
300 BISCAYNE BLVD WAY
SUITE 6
MIAMI FL 33131**

Name **BABBI, JAMES M**

Street Address (P.O. Box Number is Not Acceptable)

15850 NW 16TH COURT

City **PEMBROKE PINES**

FL

Zip Code **33028**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

James Babbi

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PVST** ☐ Delete
NAME **BABBI, JAMES MARIO**
STREET ADDRESS **20911 JOHNSON ST. #108**
CITY-ST-ZIP **PEMBROKE PINES FL 33029**

TITLE **PVST** ☒ Change ☐ Addition
NAME **BABBI, JAMES MARIO**
STREET ADDRESS **11461 INTERCHANGE CIRCLE SOUTH**
CITY-ST-ZIP **MIRAMAR - FL- 33025**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

James Babbi

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)