2000 UNIFORM BUSINESS REPORT (UBR)

Apr 24, 2000 8:00 am Secretary of State DOCUMENT # 560565 1. Entity Name MAR-RICH, INC. 04-24-2000 90040 048 ***150.00 Principal Place of Business Mailing Address 1786 SANS SOUCI BLVD 1786 SANS SOUCI BLVD N MIAMI FL 33181-3206 N MIAMI FL 33181 us 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 59-1806466 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SEPULVEDA, JAMES Street Address (P.O. Box Number is Not Acceptable) 1786 SANS SOUCI BLVD N MIAMI FL 33181 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition Delete TITLE TITLE NAME SEPULVEDA, JAMES NAME STREET ADDRESS 1786 SANS SOUCI BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP N MIAMI FL ☐ Change Addition TITLE Delete TITLE SCIARRILLO, JOHN NAME NAME STREET ADDRESS STREET ADDRESS 1786 SANS SOUCI BLVD CITY-ST-7IP CITY-ST-ZIP N MIAMI FL Delete. Addition TITLE ... NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS 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