

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 22, 2001 8:00 am**  
**Secretary of State**

05-22-2001 90063 050 \*\*\*150.00

DOCUMENT # 560565

1. Entity Name

MAR-RICH, INC

Principal Place of Business:

17290 NE 19<sup>th</sup> AVE.

Mailing Address:

17290 NE 19<sup>th</sup> AVE ✓

NORTH MIAMI BEACH, FL 33162

NORTH MIAMI BEACH, FL 33162

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1806466

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

00056551

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JAMES SEPULVEDA  
 1786 SANS SOUZI BLVD,  
 NO. MIAMI, FL 33181

Name MARTIN H. ALTMAN

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

17290 NE 19<sup>th</sup> Ave

City No. MIAMI BEACH

FL

Zip Code 33162

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 typed or printed name of registered agent and title if applicable)

(Title, Registered Agent signature required when resubmitting)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See instructions 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 IF 11

|                |                      |                                 |
|----------------|----------------------|---------------------------------|
| TITLE          | AD                   | <input type="checkbox"/> Delete |
| NAME           | SCIARRILLO JOHN      |                                 |
| STREET ADDRESS | 1786 SANS SOUZI BLVD |                                 |
| CITY-ST-ZIP    | NO. MIAMI, FL 33181  |                                 |
| TITLE          | S/O                  | <input type="checkbox"/> Delete |
| NAME           | SEPULVEDA, JAMES     |                                 |
| STREET ADDRESS | 1786 SANS SOUZI BLVD |                                 |
| CITY-ST-ZIP    | NO. MIAMI, FL 33181  |                                 |
| TITLE          |                      | <input type="checkbox"/> Delete |
| NAME           |                      |                                 |
| STREET ADDRESS |                      |                                 |
| CITY-ST-ZIP    |                      |                                 |
| TITLE          |                      | <input type="checkbox"/> Delete |
| NAME           |                      |                                 |
| STREET ADDRESS |                      |                                 |
| CITY-ST-ZIP    |                      |                                 |
| TITLE          |                      | <input type="checkbox"/> Delete |
| NAME           |                      |                                 |
| STREET ADDRESS |                      |                                 |
| CITY-ST-ZIP    |                      |                                 |
| TITLE          |                      | <input type="checkbox"/> Delete |
| NAME           |                      |                                 |
| STREET ADDRESS |                      |                                 |
| CITY-ST-ZIP    |                      |                                 |

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| 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)(c), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Days to Prepare

John Sciarrillo  
 JOHN SCIARRILLO 4/6/01