

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F30946

1. Entity Name

MARMAN (USA) INC.

FILED
Feb 28, 2000 8:00 am
Secretary of State

02-28-2000 90195 016 ***158.75

Principal Place of Business

Mailing Address

500 N WESTSHORE
SUITE 405
TAMPA FL 33609
US

PO BOX 22829
TAMPA FL 33622-2829



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2110843**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CISNEROS, FRANK G.
500 N WESTSHORE STE 405
P.O. BOX 22829
TAMPA FL 33609

Name

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

City

FL

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 \$150.00
After MAY 1, 2000 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 IN 11

TITLE	PSD	<input type="checkbox"/> Delete
NAME	CISNEROS, FRANK	
STREET ADDRESS	PO BOX 24282 N/A	
CITY-ST-ZIP	TAMPA FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	RENES, ROBERT	
STREET ADDRESS	5041 W. CYPRESS	
CITY-ST-ZIP	TAMPA FL	
TITLE	ASD	<input type="checkbox"/> Delete
NAME	OATLEY, LORRAINE	
STREET ADDRESS	5041 W. CYPRESS	
CITY-ST-ZIP	TAMPA FL	
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	PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CISNEROS, FRANK	
STREET ADDRESS	P.O. BOX 22829	
CITY-ST-ZIP	TAMPA, FL 33622-2829	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RENES, ROBERT	
STREET ADDRESS	500 N. WESTSHORE BLVD, STE 405	
CITY-ST-ZIP	TAMPA, FL 33609	
TITLE	ASD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OATLEY, LORRAINE	
STREET ADDRESS	500 N. WESTSHORE BLVD, STE 405	
CITY-ST-ZIP	TAMPA, FL 33609	
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)(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:

Lorraine C. Oatley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 21, 2000 (813) 286-2503

Date

Daytime Phone #

CR2E034 (9/99)