

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2001 8:00 am**  
**Secretary of State**

04-23-2001 90001 030 \*\*\*150.00

**DOCUMENT # L77868**

1. Entity Name  
**PAUL A. MARINO & CO., INC.**

Principal Place of Business      Mailing Address

~~28 W FLAGLER ST~~      ~~28 W FLAGLER ST~~  
~~MIAMI LAKES, FL 33130~~      ~~MIAMI LAKES, FL 33130~~

2. Principal Place of Business      3. Mailing Address

**14731 Lewis Road**      **P.O. Box 4612**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

**Miami Lakes, Florida**      **Miami Lakes, Florida**

Zip      Country      Zip      Country

**33014**      **Miami-Dade**      **33014**      **Miami-Dade**



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0222714**      Applied For  
 Not Applicable

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**

**SANTANA, FRANCIS X.**      Name  
**28 W FLAGLER ST**      Street Address (P.O. Box Number is Not Acceptable)  
**SUITE 500**      City      **FL**      Zip Code  
**MIAMI FL 33130**

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 \_\_\_\_\_ (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, 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 IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS MARINO, PAUL A. <input checked="" type="checkbox"/> Delete <del>28 W FLAGLER ST, STE 500</del> <del>MIAMI FL</del>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS Marino, Paul A. <input type="checkbox"/> Change <input type="checkbox"/> Addition 14731 Lewis Road Miami Lakes, Fl 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>SANTANA, FRANCIS X.</del> <input checked="" type="checkbox"/> Delete <del>28 W FLAGLER ST</del> <del>MIAMI FL</del>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Paul A. Marino*      Date: 4-10-01      Daytime Phone #: 305-557-7550

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CRE034 (10/00)