

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90028 041 ***150.00

DOCUMENT # P96000086903

1. Entity Name
CEMETERY MARKETING, INC.

Principal Place of Business 2720 SOUTH WEST 79TH AVENUE MIAMI FL 33155 US	Mailing Address 2720 SOUTH WEST 79TH AVENUE MIAMI FL 33155-2541 US
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2. Principal Place of Business 5965 S.W. 100 ST. Suite, Apt. #, etc.	3. Mailing Address 5965 S.W. 100 ST. Suite, Apt. #, etc.
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City & State MIAMI FL	City & State MIAMI FL	4. FEI Number 65-0709169	Applied For Not Applicable
Zip 33156	Country U.S.A.	Zip 33156	Country U.S.A.
5. Certificate of Status Desired <input type="checkbox"/>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent ORGANVIDEZ, HERNAN 2720 SOUTHWEST 79TH AVENUE MIAMI FL 33155		7. Name and Address of New Registered Agent Name COBER CORPORATE AGENTS Street Address (P.O. Box Number is Not Acceptable) 2601 S. BAYSHORE DR. 19TH FLOOR MIAMI City MIAMI FL Zip Code 33133	
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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: *Hernan Organvidez* *Miguel A. Maspons*

(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D NAME ORGANVIDEZ, HERNAN STREET ADDRESS 2720 SOUTH WEST 79TH AVENUE CITY-ST-ZIP MIAMI FL 33155	<input checked="" type="checkbox"/> Delete	TITLE DIRECTOR NAME MIGUEL A. MASPONS STREET ADDRESS 5965 S.W. 100 ST. CITY-ST-ZIP MIAMI, FL 33156	<input checked="" 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
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
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: *Hernan Organvidez* *Miguel A. Maspons* **3/5/00** **305-710-2567**

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