

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**

**Jan 27, 2000 8:00 am**  
**Secretary of State**

01-27-2000 90071 032 \*\*\*150.00

**DOCUMENT # P97000046222**

1. Entity Name  
**K.M. MARLBE, INC.**

**908519**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**4729 SW 135 PL**  
**MIAMI FL 33175**

Mailing Address  
**4729 SW 135 PL**  
**MIAMI FL 33175-3851**

2. Principal Place of Business Suite, Apt. #, etc.  
**Suite, Apt. #, etc.**

3. Mailing Address Suite, Apt. #, etc.  
**Suite, Apt. #, etc.**

City & State  
**City & State**

Zip Country  
**Zip Country**

4. FEI Number **65-0756217** Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**SANCHEZ, PANFILO**  
**4729 SW 135 PL**  
**MIAMI FL 33175**

7. Name and Address of New Registered Agent  
 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 Marbel A. Sanchez DATE 1/18/00  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**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**

TITLE DPT Delete <input type="checkbox"/>	NAME <b>SANCHEZ, PANFILO</b>
STREET ADDRESS <b>4729 SW 135 PL</b>	
CITY-ST-ZIP <b>MIAMI FL 33175</b>	
TITLE Delete <input type="checkbox"/>	NAME <b>DVS</b>
STREET ADDRESS <b>4729 SW 135 PL</b>	
CITY-ST-ZIP <b>MIAMI FL 33175</b>	
TITLE Delete <input type="checkbox"/>	NAME
STREET ADDRESS	
CITY-ST-ZIP	
TITLE Delete <input type="checkbox"/>	NAME
STREET ADDRESS	
CITY-ST-ZIP	
TITLE Delete <input type="checkbox"/>	NAME
STREET ADDRESS	
CITY-ST-ZIP	

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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)(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: x Marbel A Sanchez DATE 1/18/00  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)