FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2003 8:00 am
Secretary of State
02-27-2003 90165 020 ***150.00

DOCUMENT # S 38488

1. Entity Name
MARVEX INTERNATIONAL, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3800 N. HILLS DRIVE	3800 N. HILLS DRIVE
Suite (Apt. #) etc. 217	Suite (Apt. #) etc. 217
City & State HOLLYWOOD	City & State HOLLYWOOD FL.
Zip FL. Country 33021	Zip 33021 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0262545 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name STRALEY, STEPHEN J.

Street Address (P.O. Box Number is Not Acceptable)
3990 SHERIDAN ST. SUITE 110

City HOLLYWOOD FL Zip Code 33021

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. I am familiar with, and accept the obligations of registered agent..

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	HATEGAN, CORNELIU MARIUS
STREET ADDRESS	3800 N. HILLS DRIVE APT. 217
CITY-ST-ZIP	HOLLYWOOD, FL. 33021
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CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: C.M. Hategan CORNELIU MARIUS HATEGAN 02/25/03 954-965-4556
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #