2002 UNIFORM BUSINESS REPORT (UBR)

200	2 UNIFORM BUSI	NESS REPO	RT (UBR)	FILED Feb 28, 2002 8:00 am	
DOCUMENT # 546478 1. Entity Name			Secretary of State		
ALMAR INTERNATIONAL CORP.				02-28-2002 90050 017 ***150.00	
Principal Place of Business 10400 NW 21ST. ST. MIAMI FL 33172		Mailing Address 10100 NW-2107: 81MIAMI: FL 33172 P.O.B OX 226257 MIAMI, FL. 33122-6257			
2. Principal Place of Business 10400 N.W. 2157. 3. Mailing		3. Mailing Address P. O. Bax 2 Suite, Apt. #, etc.	26257	DO NOT WRITE IN THIS SPACE	
City & Stat	te	City & State		4. FEI Number 50-1761406 Applied For	
33172		M/AMI, FI Zip 33122-6257	Country USA	5. Certificate of Status Desired Sa.75 Additional Fee Required	
	6. Name and Address of Current I			7. Name and Address of New Registered Agent	
MARINO, ALBERTO J. 10400 NW 21ST. ST. MIAMI FL 33172		- • • • · · · · · · · · · · · · · · · ·	Street Address	s (P.O. Box Number is Not Acceptable)	
			City	FL Zip Code	
8. The above	e named entity submits this statement for	the purpose of changing its	registered office or regist	tered agent, or both, in the State of Florida.	
SIGNATÜRE .	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE	: Registered Agent signature requir	red when reinstating) DATE	
Tax filing	oration is eligible to satisfy its Intangible requirement and elects to do so.	After May 1, 200	I! FEE IS \$150.00 02 Fee will be \$550.00 le to Department of Si		
11.	OFFICERS AND I	DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD MARINO, ALBERTO J SR 10400 NW 21ST. ST. MIAMI FL 33172	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARINO, IVETTE C. 10400 NW 21ST. ST. MIAMI FL 33172	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD -MARINO, JR. ALBERTO J 10400 NW 21ST. ST. MIAMI FL 33172	☐ Delete -	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME Street Address City-St-Zip		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	. TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME Street Address City-St-Zip		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
indicated of the cor	on this report or supplemental report is	true and accurate and that makered to execute this report a	v signature shall have the	Section 119.07(3)(i), Florida Statutes. I further certify that the information e same legal effect as if made under oath; that I am an officer or director 07, Florida Statutes; and that my name appears in Block 11 or Block 12 if	

Des J. MARIHO SR.

AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: