

3/18/

**FILED****Apr 21, 2002 8:00 am**  
**Secretary of State**

03-18-2002 90024 050 \*\*\*150.00

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 691703**

1. Entity Name

**MARK INTERNATIONAL INC.**

Principal Place of Business

7191 NW 77 TER  
MAIN FL  
MEDLEY FL 33166  
US

Mailing Address

10205 COLLINS AVE  
APT 1004  
BAL HARBOUR FL 33154-1429  
US

2. Principal Place of Business

7851 N.W. 72nd AVE.

Suite, Apt. #, etc.

3. Mailing Address

7851 N.W. 72nd AVE.

Suite, Apt. #, etc.

City &amp; State

MIAMI FLORIDA

City &amp; State

MIAMI FLORIDA

4. FEI Number

59-2121367

Applied For

Not Applicable

Zip

33166

Country

DADE

Zip

33166

Country

DADE

5. Certificate of Status Desired ☐

\$6.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FERNANDEZ, M

10205 COLLEGE AVE

APT 1004

BAL HARBOUR FL 33154

Name

M. FERNANDEZ

Street Address (P.O. Box Number is Not Acceptable)

7851 N.W. 72nd ave.

City

MIAMI

FL

Zip Code 33166

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when retaking)

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, 2002 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  
D  
DIAZ, Z  
10205 COLLINS AVE, APT. 1004  
BAL HARBOUR FL ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VPP  
FERNANDEZ, M  
10205 COLLINS AVE APT 1004  
BAL HARBOUR FL ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
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CITY-ST-ZIP  
☐ DeleteTITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)