2000 UNIFORM BUSINESS REPORT (UBR)						DEINS.	TATEMEN	2000
DOCUMENT # A29919 1. Entity Name MARIE PARTNERS, LTD.					*		FILED ETARY OF STATE FOR CORPORATIONS	•
MARIE FARTIERO, ETD.							T 25 PMII: 02	
Principal Place of Business P.O. BOX 3006 MAYAGUEZ 00681-3006 PHERTO RICO			Mailing Address P.O. BOX 3006 MAYAGUEZ 00681-3006 PUERTO RICO					
2. Principal P	lace of Business	Aailing Address						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State			City & State			4. FEI Number	65-0177670	Applied For Not Applicable
Zip	Zip Country		Zip Country			5. Certificate of	Status Desired	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent				Name	7. Name and Address of New Registered Agent			
ARROYO, ENRIQUE					Address (P.O. Box Number is Not Acceptable)			
ARROYO & ARROYO, P.A. 1550 MADRUGA AVE., SUITE 230								
CORAL GABLES FL 33146				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								
9. Capital Contributions as Shown on record. \$401,000.00 In FLORIDA to date				Contributions	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION			
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.								
12.		NERAL PARTNER INFO		13.	1		ADDRESS CHANGES ON	
DOCUMENT # NAME	FERNANDO L. SUMAZA 509 S. POST STREET			STREET ADDRESS	CARRETERA 64 EDIFICIO 3060			
STREET ADDRESS CITY-ST-ZIP				CITY-ST-ZIP	MAYAGUEZ, PUERTO RICO 00680			
DOCUMENT # NAME	DIANA SANTOS DE SUMAZA			STREET ADDRESS	CARR	CARRETERA 64 EDIFICIO 3060		
STREET ADDRESS CITY-ST-ZIP	509 S. POST STREET MAYAGUEZ PR			CITY-ST-ZIP	MAYAGUEZ, PUERTO RICO 00680			
DOCUMENT # NAME		-		STREET ADDRESS		م د معاملات دی ادار		
STREET ADDRESS CITY-ST-ZIP	ESS			CITY-ST-ZIP		0000034564005 -11/07/0001141001		
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STREET ADDRES	مسنعه			CITY-ST-ZIP				
DOCUMENT #		****	,	STREET ADDRESS				

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

787-831-1918

Daytime Phone #