

# 2001 UNIFORM BUSINESS REPORT (UBR)

0020902 IN



**DOCUMENT # A29919**

1. Entity Name  
**MARIE PARTNERS, LTD.**

Principal Place of Business  
P.O. BOX 3006  
MAYAGUEZ 00681-3006  
PUERTO RICO

Mailing Address  
P.O. BOX 3006  
MAYAGUEZ 00681-3006  
PUERTO RICO

**FILED**  
01 FEB 27 AM 10:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip

4. FEI Number **65-0177670** Applied For  Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**ARROYO, ENRIQUE  
ARROYO & ARROYO, P.A.  
1550 MADRUGA AVE., SUITE 230  
CORAL GABLES FL 33146**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. **\$401,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

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. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	<b>FERNANDO L. SUMAZA CARRETERA 64 EDIFICIO 3060 MAYAGUEZ, PUERTO RICO 00680 PR</b>	STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	<b>DIANA SANTOS DE SUMAZA CARRETERA 64 EDIFICIO 3060 MAYAGUEZ, PUERTO RICO 00680 PR</b>	STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	<b>900003803549--0 03/05/01 01124 032 ****535.00****535.00</b>
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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

**SIGNATURE:**  **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**February 21, 2001**  
Date Daytime Phone #

CP2E003 (11/00)