

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2003 8:00 am**  
**Secretary of State**

04-24-2003 90237 041 \*\*\*150.00

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**DOCUMENT # G32629**

1. Entity Name  
**SCARLET FARMS INTERNATIONAL, INC.**



Principal Place of Business  
**2150 NW 70 AVE**  
**POB 522451**  
**MIAMI FL 33122**  
**US**

Mailing Address  
**PO BOX 522451**  
**POB 522451**  
**MIAMI FL 33152**  
**US**



2. Principal Place of Business  
**9391 N.W. 13 STREET**

3. Mailing Address  
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State  
**MIAMI, FLORIDA**

City & State

4. FEI Number **59-2275197**

Applied For  
Not Applicable

Zip Country  
**33172 USA**

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GLOBAL MANAGEMENT VENTURES, INC.**  
**2150 NW 70 AVENUE**  
**MIAMI FL 33122**

Name **SAME**  
Street Address (P.O. Box Number is Not Acceptable)  
**9391 NW 13 street**  
City **MIAMI** FL Zip Code **33172**

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

**4/21/03**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Delete  
**PD MARIN, MARCO**  
STREET ADDRESS **7750 S.W. 32ND TERR**  
CITY-ST-ZIP **MIAMI FL**

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
**DST GUEITS, JAIME F.**  
STREET ADDRESS **755 W. 60 STREET**  
CITY-ST-ZIP **HIALEAH FL**

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
**D MARIN, ANA**  
STREET ADDRESS **7750 S.W. 72ND TERR**  
CITY-ST-ZIP **MIAMI FL**

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
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CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**(305) 5912333**

CR2E034 (10/02)