2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L58931** May 03, 2000 8:00 am Secretary of State 1. Entity Name MARIMAR INTERNATIONAL, INC. 05-03-2000 90067 037 ***158.75 Principal Place of Business Mailing Address C/O JUAN N. BARRIOS C/O JUAN N. BARRIOS 521 BUENA VISTA 521 BUENA VISTA LAKELAND FL 33805-4504 LAKELAND FL 33805 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3005315 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BARRIOS, JUAN Street Address (P.O. Box Number is Not Acceptable) 5329 GLENMORE DRIVE LAKELAND FL 33813 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 JUAN N-BARRION printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE ☐ Chanoe ☐ Addition ☐ Delete TITLE BARRIOS, JUAN N. M.D. NAME NAME STREET ADDRESS STREET ADDRESS 5329 GLENMORE DRIVE CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL STD ☐ Change ☐ Addition ☐ Delete TITLE BARRIOS, MIRTHA M. NAME 5329 GLENMORE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKELAND FL CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE BARRIOS, NICOLAS J. NAME NAME 5329 GLENMORE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKELAND FL CITY-ST-ZIP ☐ Addition ☐ Delete Change TITLE BARRIOS, CHARLES A. NAME 5329 GLENMORE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKELAND FL CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE BARRIOS, MICHAEL J. NAME NAME 5329 GLENMORE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP LAKELAND FL ☐ Addition Change TITLE ☐ Delete TITLE BARRIOS, JAMES NAME NAME STREET ADDRESS **521 BUENA VISTA** STREET ADDRESS CITY-ST-ZIP City-St-ZIP LAKELAND FL

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

4/24/00

863-6835775

Daytime Phone #