2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M31178

FILED
May 11, 2000 8:00 am
Secretary of State
05-11-2000 90082 001 ***150.00
05-11-2000 90082 002 *****8.75

1. Entity Name

MAR-BAR, INC.

Principal Place of Business	Mailing Address
[redacted]	[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
ROLANDO BARRERO	ROLANDO BARRERO
Suite, Apt. #, etc. P.O. BOX 440584	Suite, Apt. #, etc. P.O. BOX 440584
City & State MIAMI, FLA. 33144	City & State MIAMI, FLA.
Zip 33144 / Country	Zip 33144 / Country DADE

4. FEI Number 59-2680048 ☐ Applied For ☐ Not Applicable

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
[redacted]	Name ROLANDO BARRERO
	Street Address (P.O. Box Number is Not Acceptable) 7860 N.W. 71 ST.
	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 reinstating) 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, 2000 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	DP ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MARTINEZ, ARISTIDES	NAME	
STREET ADDRESS	[redacted] P.O. BOX 440584	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FLA. 33144	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BARRERO, ROLANDO	NAME	
STREET ADDRESS	[redacted] P.O. BOX 440584	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FLA. 33144	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Rolando Barrero 4/20/2000 305-592-5311

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/99)