

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90100 031 ***163.75

DOCUMENT # M38612 ✓
1. Entity Name
COMERCIALIZADORA MARANDRES OF FLORIDA, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3310 SW 115th COURT
Suite, Apt. #, etc.

3. Mailing Address
3810 SW 115th COURT
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State MIAMI, FL City & State MIAMI, FL 4. FEI Number 65-0101542 Applied For
Not Applicable

Zip 33165 Country U.S.A Zip 33165 Country U.S.A 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name CESAR A PEREA
Street Address (P.O. Box Number is Not Acceptable)
3310 SW 115th COURT
City MIAMI FL Zip Code 33165

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>PRESIDENT</u> <u>CESAR A. PEREA</u> <u>3310 SW 115th COURT</u> <u>MIAMI, FL 33165</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>SECRETARY</u> <u>THOMPSON, IRMA</u> <u>10839 N.W. 17th STREET, APT. 14</u> <u>MIAMI, FL 33172</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>PEREA, OLGA M</u> <u>10839 N.W. 17th STREET, APT. 14</u> <u>MIAMI, FL 33172</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Cesar Perea 04/27/02 (305) 222-6096
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)