2002 UNIFORM BUSINESS REPORT (UBR)

Feb 25, 2002 8:00 am Secretary of State DOCUMENT # M40720 1. Entity Name THE MARLIV CORPORATION 02-25-2002 90095 027 ***150.00 Principal Place of Business Mailing Address 8420 HARDING AVE RAY ALEX HERNANDEZ 8420 HARDING AVE #1 15942 SW 138TH CT MIAMI BEACH FL 33141 MIAMI FL 33177 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2821961 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GARCIA, GUILLERMO P Street Address (P.O. Box Number is Not Acceptable) 7353 SW 22ND ST MIAMI FL 33155 City 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, 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition CR2E034 (9/01 GUILLEAMO, P. GARCIA NAME NAME STREET ADDRESS 7353 SW 22ND ST STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP PD ☐ Delete TITLE ☐ Change ☐ Addition NAME HERNANDEZ, RAY ALEX NAME STREET ADDRESS 15942 SW 138TH COURT STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-7IP TITLE ☐ Delete TITLE [7] Change ☐ Addition NAME HERNANDEZ, MARIA J. NAME STREET ADDRESS 8640 SW-16TH ST STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP TITLE ☐ Delete ☐ Addition TITLE [7] Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

4000 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

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

FILED