

**2000 UNIFORM BUSINESS REPORT (UBR)**

10 of 2

DOCUMENT # M89036

1. Entity Name  
**MAROLA CORPORATION**

FILED

00 JUL 24 AM 8:04

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
155 LINCOLN RD 155 LINCOLN RD  
MIAMI BEACH FL 33139 MIAMI BEACH FL 33139-2001

2. Principal Place of Business 3. Mailing Address  
2901 Collins Ave. P.O. Box 19-1380

Suite, Apt. #, etc. Suite, Apt. #, etc.  
c/o Seville Beach Hotel

City & State City & State  
Miami Beach, FL Miami Beach, FL

4. FEI Number 59-1870577 Applied For Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required  
33140 USA 33140 USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAZAR, BRUCE E  
2901 COLLINS AVE STE M  
MIAMI BCH FL 33140

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **700003349777-0**

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.  
-08/08/00--01086--021  
\*\*\*\*150.00 \*\*\*\*150.00

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature Required When Changing)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  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 NAME STREET ADDRESS CITY-ST-ZIP	PD LOWENSTEIN, ALFREDO 155 LINCOLN RD. MIAMI BEACH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Lowenstein, Alfredo 2901 Collins Ave. Miami Beach, FL 33140 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add/Rev
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MATHIA, JUDITH 169 LINCOLN RD MIAMI BCH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Mathia, Judith 2901 Collins Ave. Miami Beach, FL 33140 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add/Rev
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COONEY JOHN W 169 LINCOLN RD #318 MIAMI BEACH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Cooney, John W. 2901 Collins Ave. Miami Beach, FL 33140 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add/Rev
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD LAZAR BRUCE E 2901 COLLINS AVE STE M MIAMI BCH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD Lazar, Bruce E. 2901 Collins Ave. Miami Beach, FL 33140 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add/Rev
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add/Rev
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add/Rev

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 130 (b)(1)(g) 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, and 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 on Block 11 of this report or changed thereon an attachment with an address, with or without a like empowered.

SIGNATURE: *Bruce Lazar VP* 4/13/00 305 535-8118  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KE



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July 12, 2000

Florida Department of State  
Attn: Uniform Business Report  
409 East Gaines Street (UBR)  
Tallahassee, FL 32399

Re: Marola Corporation - Document # M89036

Dear Sir or Madam,

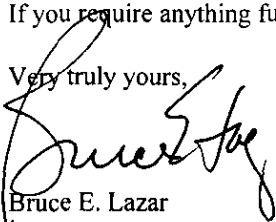
Our records show all checks payable to the Department of State (check #1752 through check #1762, dated April 13, 2000) for Annual Filing Fees are outstanding. All ten reports were mailed to you on April 13 in one envelope. The envelope has not been returned to us, and yesterday, we were told they have not been received by your department.

We have today stopped payment on the checks issued April 13, and attached you will find our replacement check, copies of the Annual Filing, our original check and checkbook register for the subject corporation which is part of our corporation, Lionstone Group, Inc.

Please consider these extraordinary circumstances, and waive late fee.

If you require anything further, please do not hesitate to let us know.

Very truly yours,

  
Bruce E. Lazar  
MAROLA CORP.

MAILING ADDRESS:  
P.O. Box 402568  
Miami Beach, FL 33140  
United States of America

OFFICE:  
2901 Collins Avenue  
Miami Beach, FL 33140  
Tel: (305) 532-1215  
Fax: (305) 532-0223