

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90950 006 \*\*\*150.00

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**DOCUMENT # P00000026556**

1. Entity Name  
**MARCH CORP.**



Principal Place of Business  
**848 BRICKELL AVENUE SUITE 1000  
MIAMI FL 33131**

Mailing Address  
**848 BRICKELL AVENUE SUITE 1000  
MIAMI FL 33131**

2. Principal Place of Business  
**848 BRICKELL AVENUE  
SUITE, APT. #, ETC.  
PENTHOUSE I  
MIAMI FL.**

3. Mailing Address  
**848 BRICKELL AVENUE  
SUITE, APT. #, ETC.  
PENTHOUSE I  
MIAMI FL.**

Zip **33131** Country

Zip **33131** Country

4. FEI Number **65-1103172**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**MURAI WALD BIONDO & MORENO PA  
900 INGRAHAM BUILDING  
25 SE 2ND AVENUE  
MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_

City **FL** 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PST ARDID, JOSE 848 BRICKNELL AVENUE #1000 PENTHOUSE I MIAMI FL 33131</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPAS ARDID, INIGO 848 BRICKNELL AVENUE #1000 PENTHOUSE I MIAMI FL 33131</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS MURAI, RENE-V 25 SOUTHEAST 2ND AVENUE #900 MIAMI FL 33131</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR ARDID DIEGO 848 BRICKELL AVE PENTHOUSE I MIAMI FL 33131</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **JOSE ARDID** **SIGNATURE REQUIRED** **04/22/03** **(305) 877 1001**

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

CR2E034 (10/02)