

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 16, 2002 8:00 am**  
**Secretary of State**

01-16-2002 90010 026 \*\*\*150.00

UBR-9803 31-

**DOCUMENT # P00000031599**

**1. Entity Name**  
**MARBEL, INC.**

**Principal Place of Business**  
 1923 <sup>NE</sup> 164TH STREET  
 NORTH MIAMI BEACH FL 33162

**Mailing Address**  
 1923 <sup>NE</sup> 164TH STREET  
 NORTH MIAMI BEACH FL 33162



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**  
 1923 NE 164 street

**3. Mailing Address**  
 1923 NE 164th street

**City & State**  
 North Miami beach, FL

**City & State**  
 North Miami Beach, FL

**Zip** 33162 **Country** USA

**Zip** 33162 **Country** USA

**4. FEI Number** 65-0994238

**Applied For**  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**  
 COPPENS, MARINA B <sup>NE</sup>  
 1923 <sup>NE</sup> 164TH STREET  
 NORTH MIAMI BEACH FL 33162

**7. Name and Address of New Registered Agent**

**Name** COPPENS, MARINA B

**Street Address (P.O. Box Number is Not Acceptable)**  
 1923 NE 164th street

**City** North Miami Beach FL **Zip Code** 33162

**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** Marina Bekker Coppens 1/8/02

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, 2002 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**

TITLE	P	<input type="checkbox"/> Delete
NAME	COPPENS, MARINA B	
STREET ADDRESS	1923 NE 164 STREET	
CITY-ST-ZIP	MIAMI FL 33162	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BEKER, GALINA	
STREET ADDRESS	1923 NE 164 STREET	
CITY-ST-ZIP	MIAMI FL 33162	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:** SMarina Beker Coppens 1/8/02 305-947-1412

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

CR2E034 (9/01)