

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2003 8:00 am
Secretary of State

03-26-2003 90175 007 ***150.00

DOCUMENT # P00000049257

1. Entity Name
MAR ESTE CORP.



Principal Place of Business
**782 N W LEJEUNE
ST 650
MIAMI FL 33126**

Mailing Address
**782 N W LEJEUNE
ST 650
MIAMI FL 33126**



2. Principal Place of Business
**501 Brickell Key Dr.
Suite, Apt. #, etc.
504**

3. Mailing Address
**501 Brickell Key Dr.
Suite, Apt. #, etc.
504**

City & State
Miami Florida

City & State
Miami Florida

4. FEI Number **65-1032476**

Applied For
Not Applicable

Zip **33131** Country **U.S.A.**

Zip **33131** Country **USA.**

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

6. Name and Address of Current Registered Agent

**JACOMINO, ANTONIO D
782 N W LEJEUNE
ST 650
MIAMI FL 33126**

7. Name and Address of New Registered Agent

Name **Wesley M. Robinson Esq.**
Street Address (P.O. Box Number is Not Acceptable)
**Howe, Robinson & Watkins LLP
501 Brickell Key Dr, Suite 504**
City **Miami** FL Zip Code **33131**

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 *Wesley M. Robinson*

(NOTE: Registered Agent signature required when reinstating)

2/19/03
DATE

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	D PALLI, ESTHER 1121 CRANDION BLVD UNIT D 1003 KEY BISCAYNE FL 33149	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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
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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 another like empowered.

SIGNATURE: *Esther Palli*
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-667-7486 **2/25/03**
Date Daytime Phone #

CR2E034 (10/02)