

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91554 048 ***150.00

DOCUMENT# P00000064803

1. Entity Name

MARKSON INTERNATIONAL CORP.

Principal Place of Business

Mailing Address

300 NW 34th STREET #216
POMPANO BEACH, FL 33064

300 NW 34th STREET #216
POMPANO BEACH, FL 33064

2. Principal Place of Business

3330 BANKS RD.

3. Mailing Address

3330 BANKS RD.

Suite Apt. #, etc.

203

Suite Apt. #, etc.

203

City & State

MARGATE, FLORIDA

City & State

MARGATE, FLORIDA

Zip

33063

Country

USA

Zip

33063

Country

USA

6. Name and Address of Current Registered Agent

ROCHA, ANA PAULA

300 NW 34th STREET #216

POMPANO BEACH, FL 33064

7. Name and Address of New Registered Agent

Name

MARQUES, ANA PAULA

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

3330 BANKS RD. #203

City

MARGATE

FL

Zip Code

33063

DO NOT WRITE IN THIS SPACE

00055407

4. FEI Number

65-1020579

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

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

Ana Paula Marques

04/30/01

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, 2001 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	PTD ROCHA, ANA PAULA 300 NW 34th STREET #216 POMPANO BEACH, FL 33064	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD MARQUES, ANA PAULA 3330 BANKS RD. #203 MARGATE, FL 33063	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD MARQUES, JOAO BARROS 300 NW 34th STREET #216 POMPANO BEACH, FL 33064	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD MARQUES, JOAO BARROS 3330 BANKS RD. #203 MARGATE, FL 33063	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Addition
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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"/> Addition
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"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(1), 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 N changed or on an attachment with an address, with all other like empowered.

SIGNATURE:

Ana Paula Marques

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/30/01

Date

(954) 978-2287

Daytime Phone #