

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 19, 2001 8:00 am**  
**Secretary of State**

04-27-2001 90363 010 \*\*\*158.75

**DOCUMENT # P00000086404**

1. Entity Name

**MARCORP INTERNATIONAL TRADING INC.**

Principal Place of Business Mailing Address  
 627 SE 4TH AVENUE, SUITE 204 627 SE 4TH AVENUE, SUITE 204  
 FORT LAUDERDALE FL 33301 FORT LAUDERDALE FL 33301

70721



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>65-080-9126</b>		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State		6. Name and Address of Current Registered Agent:		7. Name and Address of New Registered Agent	
Zip	Country	Zip	Country	Name <b>Dawn Marshall Esq.</b>			

6. Name and Address of Current Registered Agent:				7. Name and Address of New Registered Agent			
<b>MINUS, MARTIN</b> <b>1320 NE 7TH AVENUE, #6</b> <b>FORT LAUDERDALE FL 33304</b>				Street Address (P.O. Box Number is Not Acceptable) <b>164 E. Flagler Street, Suite 1431</b> <b>Miami, Florida 33131</b> City <b>FL</b> 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.

SIGNATURE

*Dawn Marshall* Dawn Marshall

(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 \$350.00  
 (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	CEOP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MINUS, MARTIN			NAME			
STREET ADDRESS	1320 NE 7TH AVENUE, #6			STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE FL 33304			CITY-ST-ZIP			
TITLE	STD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MINUS, MARTIN			NAME			
STREET ADDRESS	1320 NE 7TH AVENUE, #6			STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE FL 33304			CITY-ST-ZIP			
TITLE	VIP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Asbury Minus			NAME			
STREET ADDRESS	1320 NE. 7th Avenue, #6			STREET ADDRESS			
CITY-ST-ZIP	Ft. Laud. FL 33304			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/2001

954-579-5319

Date

Daytime Phone #

# 2001 UNIFORM BUSINESS REPORT (UBR)

4/27/01-90363-010-\$158.75-\$158.75

DOCUMENT # P00000086404

1. Entity Name

MARCORP INTERNATIONAL TRADING INC.

Attachment

Doc# 76721

Principal Place of Business

627 SE 4TH AVENUE, SUITE 204  
FORT LAUDERDALE FL 33301

Mailing Address

627 SE 4TH AVENUE, SUITE 204  
FORT LAUDERDALE FL 33301

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-080-9126

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MINUS, MARTIN  
1320 NE 7TH AVENUE, #6  
FORT LAUDERDALE FL 33304

7. Name and Address of New Registered Agent

Name

Dawn Marshall Esq.

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

169 E. Flagler Street, Suite 1431

Miami, Florida 33131

City

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.

SIGNATURE

*Dawn Marshall* Dawn Marshall

(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

TITLE	CEOP	<input type="checkbox"/> Delete
NAME	MINUS, MARTIN	
STREET ADDRESS	1320 NE 7TH AVENUE, #6	
CITY-ST-ZIP	FORT LAUDERDALE FL 33304	
TITLE	STD	<input type="checkbox"/> Delete
NAME	MINUS, MARTIN	
STREET ADDRESS	1320 NE 7TH AVENUE, #6	
CITY-ST-ZIP	FORT LAUDERDALE FL 33304	
TITLE	V/P	<input type="checkbox"/> Delete
NAME	Asbury Minus	
STREET ADDRESS	1320 NE 7th Avenue, #6	
CITY-ST-ZIP	Ft. Laud. FL 33304	
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	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	

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SIGNATURE:

*Martin Minus*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/2001

Date

954-579-5319

Daytime Phone #

CR2E034 (10/00)

Attachment  
Doc # P000000086404  
76721

© HARLAND SYM 2

1323

63-643/670  
BRANCH 13095

DATE 4-13-2001

PAY TO THE ORDER OF Department of State \$ 158.75

One Hundred And Fifty Eight Dollars &  $\frac{75}{100}$  X X X DOLLARS

Marcop International Trading, Inc.  
540 N.W. 4th Ave., Ste. 2910  
Fort Lauderdale, FL 33311

**FIRST UNION**  
First Union National Bank  
R/T 067006432

FOR Fees: Doc. # P00000086404 Handwritten Signature

⑈001323⑈ ⑆067006432⑆2090002798917⑈

MP