5/22

FILED
Jun 21, 2001 8:00 am
Secretary of State

05-22-2001 90051 038 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #. P00000094225

1. Entity Name

Marino International, INC.

Principal Place of Business	Mailing Address
6437 MEADE St Hollywood Fl. 33024	6437 Meade St Hollywood Fl 33024

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1276 NW 126 Ter	4080 SW 84 Av
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Sunrise Fl	City & State: Miami Fl
Zip: 33323 Country:	Zip: 33155 Country:

4. FEI Number 65-1045045 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Grisales, YOHN
6437 MEADE St
Hollywood Fl 33024

7. Name and Address of New Registered Agent

Name: MARTINEZ Marino
Street Address (P.O. Box Number is Not Acceptable): 1276 NW 126 Ter
City: Miami FL Zip Code 33323

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: [signature]
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: PD NAME: MARTINEZ Marino STREET ADDRESS: 6437 MEADE, St CITY-ST-ZIP: Hollywood, Fl. 33024	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☑ Change ☐ Addition
TITLE: VPD NAME: Grisales, YOHN STREET ADDRESS: 6437 MEADE St CITY-ST-ZIP: Hollywood, Fl 33024	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (11/00)

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] 4/26/01 (305) 446-2015
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #