FILED
Feb 18, 2003 8:00 am
Secretary of State
01-30-2003 90139 028 ***150.00

1/3

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000107980

1. Entity Name

EXMARK, CORP

55008411

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
7967 N.W. 64th St.	2588 S.W. 27th Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, FL	City & State: Miami, FL
Zip: 33166 Country: US	Zip: 33133 Country: US

4. FEI Number: 65-1057776 ☐ Applied For ☐ Not Applicable

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

Pablo R. Bared
1500 San Remo Ave.
Suite 177
Coral Gables, FL 33146

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Antonio Garcia

Street Address (P.O. Box Number is Not Acceptable): 2588 S.W. 27th Ave.

City: Miami, FL Zip Code: 33133

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: _____ DATE: 2/13/03
Signature of one of the registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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: PD NAME: Sanchez, Ernesto C. STREET ADDRESS: Carrera 44 #12A 40 Zona Industrial CITY-ST-ZIP: Bogota, Colombia	TITLE: NAME: Cruz-Sanchez, Ernesto STREET ADDRESS: CITY-ST-ZIP:
TITLE: SD NAME: Martinez, Alonso H STREET ADDRESS: Carrera 44 #12A 40 Zona Industrial CITY-ST-ZIP: Bogota, Colombia	TITLE: NAME: Hernandez-Martinez, Alonso STREET ADDRESS: CITY-ST-ZIP:
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Date: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Electronic Version 4