2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 03, 2001 8:00 am Secretary of State DOCUMENT # P00000112012 1. Entity Name MARKY, INC. 04-03-2001 90037 004 ***150.00 Principal Place of Business Mailing Address 19547 EYAS ROAD 1406 Cleveland S 18547 EYAS ROAD. ORLANDO FL 32837 CKarwatez FP. 33755 ORLANDO FL-32937 2. Principal Place of Business 3. Mailing Address 1406 Cleveland St DO NOT WRITE IN THIS SPACE City & State ity & State Number 685560 Applied For Not Applicable Country Country Prive 1/49 \$8.75 Additional 5. Certificate of Status Desired Vinella Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ORTIZ, BRENDA BAEZ Street Address (P.O. Box Number is Not Acceptable 13547_EYAS-ROAD LEVELANO ORLANDO FL 32837 375 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, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Addition TITLE PD ☐ Delete TITLE Change : NAME ORTIZ, BRENDA BAEZ NAME 1406 Cleveland Street STREET ADDRESS STREET ADDRESS 13547-EYAS ROAD CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32837 ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME_ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change 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)(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 in Block 12 changed, or on an attach s, with all other like empowered.

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR