

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000000350

1. Entity Name
MARVIC USA CORP.

Principal Place of Business
720 WEST LAUREL LANE
PEMBROKE PINES FL 33027

Mailing Address

720 WEST LAUREL LANE
PEMBROKE PINES FL 33027

2. Principal Place of Business
1000 PONCE DE LEON
Suite, Apt. #, etc.
120

3. Mailing Address
1000 PONCE DE LEON
Suite, Apt. #, etc.
BLVD. # 120.

4. FEI Number
65-1067555

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

0158242
AV

FILED
Jan 11, 2002 8:00 am
Secretary of State

01-11-2002 90009 024 ***150.00



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
GONZALEZ, CARLOS E
720 WEST LAUREL LANE
PEMBROKE PINES FL 33027

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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

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, 2002 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	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PD	GONZALEZ, CARLOS E	720 WEST LAUREL LANE	PEMBROKE PINES FL 33027	<input type="checkbox"/>					<input type="checkbox"/> Change <input type="checkbox"/> Addition
SD	TEJADA, JAZMIN E	720 WEST LAUREL LANE	PEMBROKE PINES FL 33027	<input type="checkbox"/>					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/>					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/>					<input type="checkbox"/> Change <input type="checkbox"/> Addition
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				<input type="checkbox"/>					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/>					<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 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

1/1/02 954-439-3288

Date

Daytime Phone #

CR0034 (9/01)