

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

City & State
CORAL GABLES

City & State
CORAL GABLES FL

4. FEI Number
65-1067555

Applied For
Not Applicable

Zip
33134

Country
USA

Zip
33134

Country

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

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

TITLE PD
NAME GONZALEZ, CARLOS E
STREET ADDRESS 720 WEST LAUREL LANE
CITY-ST-ZIP PEMBROKE PINES FL 33027 ☐ Delete

TITLE SD
NAME TEJADA, JAZMIN E
STREET ADDRESS 720 WEST LAUREL LANE
CITY-ST-ZIP PEMBROKE PINES FL 33027 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ 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

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

01-11-2002 90009 024 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (9/01)

1/7/02 954-459
3288
Date Daytime Phone #