

FILED
May 29, 2002 8:00 am
Secretary of State

04-23-2002 90323 024 ***158.75

FOR PROFIT CORPORATION

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000004048

1. Entity Name

Mar Sol Benefits Consulting, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1980 S. Ocean Dr

3. Mailing Address

P.O. Box 083117

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hallandale

City & State

Hallandale, FL

4. FEI Number

65-1066712

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Mari V Espin-Sanchez

Street Address (P.O. Box Number is Not Acceptable)

1980 South Ocean Drive
Ste. 16-D

City

Hallandale

FL

Zip Code

33009

**DO NOT WRITE
IN THIS SPACE**

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

5/

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
	<u>P.S.T</u>						
	<u>Mari V Espin-Sanchez</u>	<u>1980 South Ocean Drive</u>	<u>Hallandale, FL 33009</u>				

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE:

SIGNATURE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/01/02 305-553-4333

Date

Daytime Phone #