

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90019 007 ***150.00

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DOCUMENT # P01000012464

1. Entity Name
MARVEL U.S.A., INC.

Principal Place of Business
**5190 NW 165 STREET
MIAMI FL 33014**

Mailing Address
**5190 NW 165 STREET
MIAMI FL 33014**

CLO VAKHARIA C.P.A. P.A.

2. Principal Place of Business

3. Mailing Address

7797 NORTH UNIVERSITY DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 205

City & State

City & State

TAMARAC, FL

Zip

Country

Zip

33321

Country

U.S.A.

4. FEI Number

65-1083899

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**NIRMAL, BHAVANI ESQ
330 SW 27 AVENUE SUITE 605
MIAMI FL 33135**

7. Name and Address of New Registered Agent

Name **BHUPEN VAKHARIA, C.P.A.**
Street Address (P.O. Box Number is Not Acceptable)
**7797 NORTH UNIVERSITY DR.
SUITE 205**
City **TAMARAC** FL Zip Code **33321**

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 **PD** ☐ Delete
NAME **SAVLA, SANJAY VERSHI**
STREET ADDRESS **16 SARVODAYA MILL COMPOUND UNIT NO 8**
CITY-ST-ZIP **TARDEO ROAD MUMBAI INDIA 400 -034**

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

TITLE **SD** ☐ Delete
NAME **SHAH, HAKHCHAND P**
STREET ADDRESS **16 SARVODAYA MILL COMPOUND UNIT NO 8**
CITY-ST-ZIP **TARDEO ROAD MUMBAI INDIA 400 -034**

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

TITLE **TD** ☐ Delete
NAME **SAVLA, RUBENDRA V**
STREET ADDRESS **5190 NW 165 STREET**
CITY-ST-ZIP **MIAMI FL 33014**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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)(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:

Rupendra Savla 03/22/02 (305) 628 0160
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR C.E.O. Date Daytime Phone #

CR2E034 (9/01)