FILED
Jun 09, 2003 8:00 am
Secretary of State
06-09-2003 90122 015 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

80125333

DOCUMENT # P01000059466

1. Entity Name
2304 MARK CORP

Principal Place of Business	Mailing Address
C/O BARED AND ASSOC, PA 1500 SAN REMO AVE SUITE 177 CORAL GABLES, FL 33146	C/O BARED AND ASSOC, PA 1500 SAN REMO AVE SUITE 177 CORAL GABLES, FL 33146

[redacted]

2. Principal Place of Business	3. Mailing Address
Suite, Apt #, etc. 1500 San Remo #103	Suite, Apt #, etc. 1500 San Remo #103
City & State Coral Gables Fl.	City & State Coral Gables Fl.
Zip 33146 Country	Zip 33146 Country

X CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1141673 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BARED AND ASSOC., PA 1500 SAN REMO AVE #177 CORAL GABLES, FL 33146	Name Bared & Assoc PA Street Address (P.O. Box Number is Not Acceptable) 1500 San Remo Ave Suite 103 City Coral Gables FL Zip Code 33146

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ____________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE is $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUCHBINDER, PABLO 1500 SAN REMO AVE SUITE 177 CORAL GABLES, FL 33146	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUCHBINDER, MIRTA BEATRIZ 1500 SAN REMO AVE SUITE 177 CORAL GABLES, FL 33146	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: P Buchbinder 4/30/03 305
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

6666010