2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State
04-30-2002 90159 041 ***150.00

DOCUMENT # P01000115068

1. Entity Name
MARFISI INVESTMENTS INC.

Principal Place of Business	Mailing Address
P.O. BOX 227005 MIAMI FL 33122	P.O. BOX 227005 MIAMI FL 33122

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4240 N.W. 79TH AV.	P.O. BOX 227005
Suite, Apt. #, etc. 1-D	Suite, Apt. #, etc.
City & State Miami	City & State Miami
Zip FL. Country 33166	Zip FL. Country 33122

4. FEI Number 02-0583563 ☑ 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
BENVENUTTO, JUAN C 4240 N.W. 79TH AVE 1-D MIAMI FL 33122	Name Licio Marfisi Street Address (P.O. Box Number is Not Acceptable) 4240 N.W 79TH AV. 1-D City Miami FL Zip Code 33166

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 Licio Marfisi (PD.) [signature] 4.12.02
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	PD MARFISI, LICIO P.O. BOX 227005 MIAMI FL 33122	☐ 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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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/01)

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] 4.12.02 305 716.9855
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment

FLORIDA STREET ADDRESS OF 30936
REGISTERED AGENT:
#P01000113068

4240 N.W 79TH AV. 1-D
Miami - FL. 33166