## FOR PROFIT CORPORATION

SIGNATURE:

**UNIFORM BUSINESS REPORT (UBR) DOCUMENT #** P02000067638 A PRETARY OF STATE ISION OF CORPORATION 1. Entity Name MARKUS INVESTMENTS, INC. 04 NOV -9 AM 9: 31 DO NOT WRITE IN THIS SPACE REINSTATEMENT 2. Principal Place of Business 3. Mailing Address 10251 SW Sunset Drive Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE A 102 Applied For City & State City & State 4. FEI Number 02-0620443 Miami, Florida Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 33173 7. Name and Address of Current Registered Agent aniA.F. Alentado & Associates DO\_NOT\_WRITE Street Address (P.O. Box Number is Not Acceptable)= 1149 SW 27th Avenue IN THIS SPACE Miami 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. (NOTE: Registered Agent signature required when reinstating) January 1 - May 1 Fee is \$150.00 9. This corporation is eligible to satisfy After May 1, Fee is \$550.00 Amended UBR is \$61.25 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS TITLE DIRECTOR TITLE NAME NAME HAYDAR SAVICTORIADE to the tr STREET ADDRESS STREET ADDRESS 10251 SW Sunset Drive CITY-ST-ZIP CITY-ST-ZIP Miami, Florida 33173 300<u>041938</u>( TITLE TITLE 10/18/04--01061--025 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY - ST - ZIP IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 on an attachment with an address, withyall other like empowered.

## A. F. Alentado & Associates, Co.

**Accountants** 

1:149 SW 27th Avenue Suite 203 Miami, Florida 33135 Telephone (305) 642-7688 Fax (305) 642-4609 E-mail: alenassc@bellsouth.net

November 5, 2004

Florida Department of State Division of Corporation P.O. BOX 6327 Tallahassee, Florida 32314

Ref: MARKUS INVESTMENT, INC. DOC.#: PO2000067638

## Gentleman:

We received your letter dated October 26, 2004 (copy enclosed)
We never received the form to be filed the Uniform Business Report (UBR); that was the reason why we did not filed on time.
Please analyze this problem and waive the extra payment of \$ 600.00

Thanks,

Antonio F. Alentado

Accountant