

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90159 044 ***158.75

DOCUMENT # P02000129942

1. Entity Name

MARMA HOLDINGS OF FLORIDA, INC.



Principal Place of Business

**1200 BRICKELL AVE STE 1440
MIAMI FL 33331**

Mailing Address

**1200 BRICKELL AVE STE 1440
MIAMI FL 33331**

2. Principal Place of Business

3. Mailing Address

301 BRICKELL AVE

301 BRICKELL AVE

Suite, Apt. #, etc.

STE 1440

Suite, Apt. #, etc.

STE 1440

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33134

Country

USA

Zip

33131

Country

USA

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

RAMIREZ, MANUEL A

1200 BRICKELL AVE STE 1440

MIAMI FL 33331

7. Name and Address of New Registered Agent

Name

DOMINGO ALONSO

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

301 ALMERIA AVENUE, SUITE 3

City

CORAL GABLES

FL

Zip Code

33134

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

TITLE ☐ Delete
NAME **D SPADESI, MARCELO**
STREET ADDRESS **CALLE 134 18-83 OFC 602**
CITY-ST-ZIP **BOGOTA COLOMBIA**

TITLE ☒ Delete
NAME **D SPADESI, RENATO**
STREET ADDRESS **CALLE 134 18-83 OFC 602**
CITY-ST-ZIP **BOGOTA COLOMBIA**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **SPADESI, MARCELO**
STREET ADDRESS **301 ALMERIA AVENUE, SUITE 3**
CITY-ST-ZIP **CORAL GABLES, FL 33134**

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

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 an other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)