

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P20334

1. Entity Name

MARA EQUITIES LTD., CORP.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90148 042 ***150.00

Principal Place of Business

Mailing Address

LOEB, BLOCK & WACKSMAN
2474 SOUTHWEST 27TH TERRACE
MIAMI FL 33133

LOEB, BLOCK & PARTNERS LLP
505 PARK AVENUE 9TH FLOOR
NEW YORK NY 10022-1106

2. Principal Place of Business

LEONARD BLOOM, PA

3. Mailing Address

Suite, Apt. #, etc.
201 S. Biscayne Blvd Ste 3000

Suite, Apt. #, etc.

City & State
Miami, Florida

City & State

4. FEI Number

51-0310466

Applied For

Not Applicable

Zip

33131

Country

U.S.A.

Zip

Country

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

SOUTH FLORIDA RESIDENT AGENTS, INC.
FIRST UNION FINANCIAL CENTER
200 SOUTH BISCAYNE BOULEVARD, SUITE 4750
MIAMI FL 33131

Name B&C CORPORATE SERVICES, INC.

Street Address (P.O. Box Number Not Applicable)

201 S. BISCAYNE BLVD. STE. 3000

City

MIAMI

FL

Zip Code

33131

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

Carla Selzer, Vice President 04/26/2000

(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, 2000 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 DECASTRO, RAUL SANTOS WE
STREET ADDRESS 505 PARK AVENUE 9TH FLOOR
CITY-ST-ZIP NEW YORK NY 10022

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

TITLE VSD ☒ Delete
NAME BLOOM, LEONARD
STREET ADDRESS 200 SOUTH BISCAYNE BLVD., SUITE 4750
CITY-ST-ZIP MIAMI FL 33131

TITLE DT ☐ Change ☒ Addition
NAME MARIANNA DE CASTRO
STREET ADDRESS C/O 505 PARK AVENUE 9TH FLOOR
CITY-ST-ZIP NEW YORK, NY 10022

TITLE VD ☐ Delete
NAME SELZER, HERBERT
STREET ADDRESS 505 PARK AVENUE 9TH FLOOR
CITY-ST-ZIP NEW YORK NY 10022

TITLE S ☒ Change ☐ Addition
NAME HERBERT M. SELZER
STREET ADDRESS 505 PARK AVENUE 9TH FLOOR
CITY-ST-ZIP NEW YORK, NY 10022

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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)(b) Florida Statutes. I further certify that the information indicated on this report of 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Herbert Selzer

Date

4/26/00 212-755-5510

Daytime Phone #

CR2E034 (9/99)