

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State
05-16-2001 90266 013 ***550.00

DOCUMENT # P20334

1. Entity Name
MARA EQUITIES LTD., CORP.

Principal Place of Business
LEONARD BLOOM PA
201 S BISCAYNE BLVD STE 3000
MIAMI FL 33131
US

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

2. Principal Place of Business
SQUARE ONE ASSOC. INC
Suite, Apt. #, etc.
2780 SW 37 AVE (205)

3. Mailing Address
P.O. Box 165539
Suite, Apt. #, etc.
MIAMI

City & State
MIAMI, FL
Zip
33133
Country
U.S.A.

City & State
MIAMI, FLORIDA
Zip
33116-5539
Country
USA

4. FEI Number **51-0310466**

Applied For
☐ Not Applicable

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

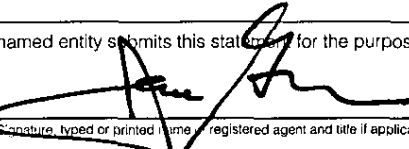
6. Name and Address of Current Registered Agent

B & C CORPORATE SERVICES, INC
201 S BISCAYNE BLVD
STE 3000
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name **JEROME GROSSMAN**
Street Address (P.O. Box Number is Not Acceptable)
2780 S.W. 37 AVE (SUITE 205)
City **MIAMI** FL Zip Code **33133**

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 

(NOTE: Registered Agent signature required when reinstating)

DATE

05/03/01

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, 2001 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 **PD**
STREET ADDRESS **DECASTRO, RAUL SANTOS WE**
CITY-ST-ZIP **505 PARK AVENUE 9TH FLOOR**
NEW YORK NY 10022

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

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

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

TITLE
NAME **DT**
STREET ADDRESS **DE CASTRO, MARIANNA**
CITY-ST-ZIP **C/O 505 PARK AVE 9TH FLOOR**
NEW YORK NY 10022

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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 addendum, with all other like empowered.

SIGNATURE:

HERBERT M. SELZER, SECRETARY 1/25/01 (212) 755-5510

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)