


1092

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

| | |
|--|---|
| DOCUMENT # P93000064134 |  |
| 1. Entity Name MARANTHA INCORPORATED | |

FILED

03 SEP 29 AM 11:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 2. Principal Place of Business 3491 NE 163rd street | 3. Mailing Address 3491 NE 163 street |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

DO NOT WRITE IN THIS SPACE

| | |
|--|--|
| City & State North Miami Beach, FL | City & State North Miami Beach, FL |
| Zip 33160-4426 | Zip 33160-4426 |
| Country USA | Country USA |

| | |
|--|---|
| 4. FEI Number 65-0437185 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

DO NOT WRITE IN THIS SPACE

| | |
|---|------------------------------------|
| 7. Name and Address of Current Registered Agent | |
| Name COLLAZO, INEABELLE | |
| Street Address (P.O. Box Number is Not Acceptable) 3545 NE 166 street | |
| Apt Apt 401 W | |
| City North Miami Beach | FL Zip Code 33160 |

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. | 900023405469 09/29/03--01099--004 **150.00 |
| (NOTE: Registered Agent signature required when reinstating) DATE | |

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

| | |
|--|------------------------------------|
| 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|--|------------------------------------|

| 10. OFFICERS AND DIRECTORS | |
|---|---|
| TITLE President | NAME COLLAZO, INEABELLE |
| STREET ADDRESS 3545 NE 166 street #401 W | CITY-ST-ZIP North Miami Beach, FL 33160 |
| TITLE STD | NAME CRESPO, JULIA |
| STREET ADDRESS 3545 NE 166 street, #401 W | CITY-ST-ZIP North Miami Beach, FL 33160 |
| TITLE | NAME |
| STREET ADDRESS | CITY-ST-ZIP |
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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 on an attachment with an address, with all other like empowered.

| | | | |
|--|---|--------------------|--|
| SIGNATURE:  Ineabele Collazo | SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date 9/1 | Daytime Phone # (305) 944-1671 |
|--|---|--------------------|--|

CR2E034B (12/02)

2 of 2

September 9, 2003

Florida Department of State
Div. of Corporation
Uniform Business Report Filing
P.O. Box 1500
Tallahassee FL 32302-1500

Re: 2003 Uniform Business Report
Marantha Incorporated
Certificate No. : P-93000064136
FEIN: 65-043715

To Whom It May Concern:

The following is to inform you that a check to pay the annual fees of \$150.00 was mailed to you on April 11, 2003. (check # 6401). When I contacted your offices this week to see why I have received another bill is when I was informed that your department has never received the check. To avoid any further delays I am re-sending a check for the amount of \$150.00 while we can find out the status of the check mailed back in April.

Should you have any questions please do not hesitate to contact me at (305) 944-1671 or via fax at (305) 944-1595.

Thank you,



Ineabelle Collazo

President

Marantha Incorporated

3491 NE 163 street

North Miami Beach, FL 33160
