

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90086 030 ***150.00

DOCUMENT # P94000007376

1. Entity Name

MARJUS CORPORATION INC.

Principal Place of Business

Mailing Address

14802 SW 171 TERRACE
 MIAMI FL 33134
 US

14802 SW 171 TERRACE
 MIAMI FL 33011-0058
 US

2. Principal Place of Business

3. Mailing Address

3630 N.W. 76 Street
 Suite, Apt. #, etc.

3630 N.W. 76 Street
 Suite, Apt. #, etc.

City & State

City & State

MIAMI, Florida

MIAMI

Zip

Country

Zip

Country

33147 USA

33147 USA

4. FEI Number

65-0466423

Applied For

Not Applicable

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

BERARD, JUSTO V
 14802 SW 171 TERRACE
 MIAMI FL 33134

Name

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

City

FL

Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	DP	<input type="checkbox"/> Delete
NAME	BERARD, JUSTO V	
STREET ADDRESS	14802 SW 171 TERRACE	
CITY-ST-ZIP	MIAMI FL	
TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	ALFREDO J. BERARD	
STREET ADDRESS	4521 PARKWOOD LANE EAST	
CITY-ST-ZIP	NICEVILLE FL	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	MARISA BERARD II	
STREET ADDRESS	14802 SW 171 TERRACE	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(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 address with an other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00 305 696 0260
Date Daytime Phone #

CR 119.07(3)(i)