

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

05-17-2001 91284 043 \*\*\*150.00

DOCUMENT # **P94000007376**

1. Entity Name  
**MARJOS CORPORATION INC.**

Principal Place of Business Mailing Address  
**717 WEST 27 ST. P.O. BOX. 110058**  
**MIAMI FL. MIAMI FL. 33011.**

**A0067558**

2. Principal Place of Business 3. Mailing Address  
**717 WEST 27 ST. P.O. BOX 110058**

Suite, Apt. #, etc. Suite, Apt. #, etc.  
**MIAMI FL. MIAMI FL.**

DO NOT WRITE IN THIS SPACE

City & State City & State  
**MIAMI FL. MIAMI FL.**

4. FEI Number Applied For  
 Not Applicable

Zip Country Zip Country  
**33012 USA. 33011.**

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.**  
**10091 NW 33 ST.**  
**MIAMI FL. 33172.**

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 \_\_\_\_\_ (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, 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  
 TITLE NAME  Delete  
**DR. BERARD JUSTO V.**  
 STREET ADDRESS **10091 NW 33 ST MIAMI FL**  
 CITY-ST-ZIP **33172**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  
 TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Delete  
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TITLE NAME  Delete  
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 CITY-ST-ZIP

TITLE NAME  Change  Addition  
 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 all other like empowered.

SIGNATURE: \_\_\_\_\_ **4/27/01** **305 805 6889.**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)