## 2000 UNIFORM BUSINESS REPORT (UBR) Sep 18, 2000 8:00 am Secretary of State **DOCUMENT#** 1. Entity Name MARINA EXPORT INC. 09-18-2000 90017 035 \*\*\*550.00 Principal Place of Business Mailing Address MUU/0//3 2. Principal Place of Business 3. Mailing Address 2925 Aventura Blvd c/oLoeb, Block & PartnersLL Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite 308 505 Park Avenue, 9th Flr. City & State 4. FEI Number Applied For Aventura, Florida <u>New York, New York</u> Not Applicable \$8.75 Additional 5. Certificate of Status Desired 33180/ 10022 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Lawrence N. Rosen 2925 Aventura Blvd. Street Address (P.O. Box Number is Not Acceptable) Suite 308 Aventura, Florida 33180 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered effice or registered agent, or both, in the State or Florids. SIGNATURE Signature, typed or printed hanne of registered automatic title. Lapplicable ITADTE. Begisteled Askint signst the legiting when relistating) This corporation is eligible to satisfy as Intangatie FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 Trast Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 President\_ THILE TITLE Change Accide Delete NAME NAME 2875 N.E. 191st Street, PH1 STREET ADDRESS STREET ADDRESS Aventura, Florida 33180 CITY-ST-ZIP Jack Azout, Secretary TITLE ☐ Delete TITLE ☐ Change K Addition NAME c/o GIL-AZO NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Herbert M. Selzer, Delete Ssistant Secretary 70 Loeb, Block & Partners ILP TITLE TITLE Change ☐ Addition ☐ Delete NAME STREET ADDRESS 505 Park Avenue, 9th Floor STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP New York, NY 10022 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change Addition Delete Markety of NAME NAME STREET ADDRESS STREET ADDRESS 1-ST-ZIP 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 empowering to precute his 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 butter like empowered. ASSISTANT.

Herbert M. Selzer

Secretary9/12/00 (212)755-5510

SIGNATURE: By: