

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000016797

1. Entity Name

MARSUL EQUITIES CORP.

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90212 042 ***158.75

Principal Place of Business
2 S BISCAYNE BLVD
SUITE 1800
MIAMI FL 33130
US

Mailing Address
2 S BISCAYNE BLVD
SUITE 1800
MIAMI FL 33131-1808
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0482956

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

PEREZ, RAFAEL A
2 SOUTH BISCAYNE BOULEVARD
SUITE 1800
MIAMI FL 33131

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

Signature, typed or printed name of registered agent and title if applicable.

(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, 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	P	<input type="checkbox"/> Delete
NAME	PERES, JOSE I	
STREET ADDRESS	50 LA GORCE CIRCLE	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	ROMERO, LUIS A	
STREET ADDRESS	551 FIFTH AVENUE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BARNES, MARCELLO	
STREET ADDRESS	50 LA GORCE CIRCLE	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	LOPEZ, EDUARDO F	
STREET ADDRESS	551 FIFTH AVENUE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GARCIA, ALEX A	
STREET ADDRESS	2 SOUTH BISCAYNE BLVD., SUITE 1800	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MUNCENIC, RICARDO	
STREET ADDRESS	2 SOUTH BISCAYNE BLVD., SUITE 1800	
CITY-ST-ZIP	MIAMI FL 33131	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		
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 all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/00

Date

(305) 358-9313

Daytime Phone #

CR2E034 (9/99)