2000 UNIFORM BUSINESS REPORT (UBR)

Mailing Address

DOCUMENT # P9400056604

Entity Name

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

TITLE

Principal Place of Business

MARSEAN INTERNATIONAL, INC.

300 NW 94 AVE UITE 204 IIAMI FL 33172 S 2. Principal Place of Business		2300 NW 94 AVE SUITE 204 MIAMI FL 33172-2343 US			2 88 88 188					
		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRIT	E IN THIS S	SPACE		
City & State		City & State		4.	4. FEI Number 65-0539992			Applied For Not Applicable		
Zip Country		Zip	Zip Country		5. Certificate of Status Desired See Required Fee Required					
	6. Name and Address of Current F	legistered Agent		7.	Name and Add	iress of New Re	egistered A	gent		1
			Nar	ne						1
COUTTS, SEAN M 5321 GRANADA BLVD.			Stre	Street Address (P.O. Box Number is Not Acceptable)						
CUR	RAL GABLES FL 33146		City			· •••	FL	Zip Cod	e	
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 St.				n Campaign Fina und Contribution			May Be to Fees	1
1.	OFFICERS AND I	DIRECTORS	12.	Αſ	DDITIONS/CH/	ANGES TO OFFI	CERS AND	DIRECTOR	S IN 11] _
ITLE IAME STREET ADDRESS STY-ST-ZIP	PD COUTTS, SEAN M 5321 GRANADA BLVD.	☐ Delete	TITLE NAME STREET ADDR					☐ Change	☐ Addition	CR2F034 (9/99)
ITLE IAME ITREET ADDRESS	CORAL GABLES FL 33146	☐ Delete	TITLE NAME STREET ADDR					☐ Change	Addition	S
ITLE IAME ITREET ADDRESS ITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDR					Change	Addition	
ITLE IAME TREET ADDRESS ITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDR	ESS	_	-		☐ Change	☐ Addition	
ITLE IAME ITREET ADDRESS		☐ Delete	TITLE NAME STREET ADDR	ESS		•		☐ Change	☐ Addition	

CITY-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 adcurate and that my significer 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 availables, with all other like empowered.

TITLE

NAME STREET ADDRESS

☐ Delete

May 02, 2000 8:00 am Secretary of State

☐ Change

Addition

05-02-2000 90015 022 ***150.00