

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**

04-29-2002 90081 027 \*\*\*150.00

DOCUMENT # 295000009491

1. Entity Name:

MARIVAL INTERNATIONAL, INC.

**DO NOT WRITE IN THIS SPACE**

639874

2. Principal Place of Business

20911 JOHNSON STR

3. Mailing Address

SAME

#130

City & State

PEMBROKE PINES, FL

City & State

4. FFI Number

65-0561014

Applied for

See Applicable

Zip

33029

Country

USA

Zip

Country

5. Certificate of Status (checked) ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

MARIA VALDES

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

20911 JOHNSON STREET

#130

City

PEMBROKE PINES

FL

Zip Code

33029

**DO NOT WRITE  
IN THIS SPACE**

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 (name of registered agent and date if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

4/15/02

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$350.00

Amended UBR is \$61.25

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  
STREET ADDRESS  
CITY-ST-ZIP  
DIRECTOR  
MARIA VALDES  
20911 JOHNSON STREET #130  
PEMBROKE PINES, FL 33029

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DIRECTOR  
MARIA VALDES  
20911 JOHNSON STREET #130  
PEMBROKE PINES, FL 33029

TITLE  
NAME  
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CITY-ST-ZIP  
DIRECTOR  
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 507, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARIA VALDES

4/15/02

Daytime Phone #

954-9221691

CR2E034B (12/01)