

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91480 047 ***150.00

DOCUMENT # P95000039964

1. Entity Name

MARC USA/MIAMI INC.

Principal Place of Business

**1320 S DIXIE HWY
 STE 385
 CORAL GABLES FL 33146
 US**

Mailing Address

**1600 DOMINION TOWER
 625 LIBERTY AVENUE
 PITTSBURGH PA 15222-3113
 US**

2. Principal Place of Business

3. Mailing Address

C/O MARC USA

Suite, Apt. #, etc.

Suite, Apt. #, etc.

FOUR STATION SQ, SUITE 500

City & State

City & State

PITTSBURGH PA

Zip

Country

Zip

Country

15219

USA

4. FEI Number

65-0583560

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

**GOLDMAN, MATT D
 1450 MADRUGA AVE
 SUITE 203
 CORAL GABLES FL 33146**

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, 2002 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	P									
	CONTORAKAS, EVAN									
	1320 S DIXIE HWY, SUITE 285									
	CORAL GABLES FL									
	ST									
	ZOLOT, STUART									
	FOUR STATION SQ SUITE 500									
	PITTSBURGH PA									

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-02

Date

412-562-2000

Daytime Phone #

CR2E034 (9/01)