

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 04, 2003 8:00 am**  
**Secretary of State**

08-04-2003 90144 046 \*\*\*550.00

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**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  
**C/O MARC USA  
FOUR STATION SQ. SUITE 500  
PITTSBURGH PA 15219  
US**



2. Principal Place of Business

3. Mailing Address

**C/O Marc USA**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**225 W. Station Square Dr. Suite 500**

City & State

City & State

**Pittsburgh, PA**

Zip

Country

Zip

Country

**15219-1122**

4. FEI Number **65-0583560**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00  
After September 10, 2003 Fee will be \$750.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Delete  
NAME **CONTORAKAS, EVAN**  
STREET ADDRESS **1320 S DIXIE HWY, SUITE 285**  
CITY-ST-ZIP **CORAL GABLES FL**

TITLE **P** ☒ Change ☐ Addition  
NAME **Contorakas, Evan**  
STREET ADDRESS **1320 S Dixie Hwy, Suite 385**  
CITY-ST-ZIP **Coral Gables, FL 33146**

TITLE **ST** ☒ Delete  
NAME **ZOLOT, STUART**  
STREET ADDRESS **FOUR STATION SQ SUITE 500**  
CITY-ST-ZIP **PITTSBURGH PA**

TITLE **ST** ☒ Change ☐ Addition  
NAME **Zolot, Stuart**  
STREET ADDRESS **225 West Station Square Drive, Suite 500**  
CITY-ST-ZIP **Pittsburgh, PA 15219-1122**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 10 or Block 11 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

**7/17/03**

Date

**412-562-2000**

Daytime Phone #

CR2E034 (4/03)