FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Feb 08, 2002 8:00 am P95000091626 DOCUMENT # Secretary of State 1. Entity Name MENAR MARKETING INTERNATIONAL, CORP. 02-08-2002 90013 025 \*\*\*150.00 Principal Place of Business Mailing Address 2801 NW 74 AV 2801 NW 74 AV STE 213 STE 213 MIAMI1 FL 33122 MIAMI FL 33122 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0627747 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MENCOS, CARLOS A 7390 SW 107TH AVE #2108 MIAMI FL 33173 1 BM 8. The above named entity submits this statement the purpose of $\phi$ hanging 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 a (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE PRESIPENT ☐ Addition Change MENCOS, CARLOS DIE **HENOOR, CARLOS** NAME NAME 2801 NW 74 AV 213 STREET ADDRESS STREET ADDRESS FL 33122 CITY-ST-ZIP MIAMI FL 33122 MAM, CITY-ST-ZIP TITI F TITLE ☐ Delete SECRE PAR Change PRROPO, NAGALI NAME MENCOS MAGALI 2801 NW F4 DVE, # 213 NAME STREET ADDRESS 2801 NW 74 AV 213 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33122 CITY-ST-7IP MAM, FL 3312Z TITLE ☐ Delete TITLE VPRESIDENT Change ☐ Addition NAME ROSESUEI, ZOILA NAME 2801 NW 74 AV 213 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33122** CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 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 they signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation of 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