

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90138 033 ***150.00

0206498 AV

DOCUMENT # P95000091626

1. Entity Name

MENAR MARKETING INTERNATIONAL, CORP.



Principal Place of Business

2801 NW 74 AV

STE 218 & 205

MIAMI FL 33122

US

Mailing Address

2801 NW 74 AV

STE 218 & 205

MIAMI FL 33122

US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0627747

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

MENCOS, CARLOS

12568 NW 11 LANE

MIAMI FL 33182

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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
NAME HENRICH, CARLOS
STREET ADDRESS 2801 NW 74 AV 218 & 205
CITY-ST-ZIP MIAMI FL 33122

TITLE
NAME MENCOS, CARLOS
STREET ADDRESS
CITY-ST-ZIP

TITLE S
NAME PROPO, MAGALI
STREET ADDRESS 2801 NW 74 AV 218 & 205
CITY-ST-ZIP MIAMI FL 33122

TITLE
NAME ARROYO, MAGALI
STREET ADDRESS
CITY-ST-ZIP

TITLE VP
NAME ROSEQUE, ZOILA
STREET ADDRESS 2801 NW 74 AV 218 & 205
CITY-ST-ZIP MIAMI FL 33122

TITLE
NAME RODRIGUEZ, ZOILA
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/1/03 (305)593-1103

CR2E034 (10/02)