

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90051 029 ***150.00

DOCUMENT # P96000051056

1. Entity Name
MARINA LAKES INVESTMENT, INC.

Principal Place of Business 4990 SW 72 AVE MIAMI FL 33155 US	Mailing Address 12255 S.W. 143RD LANE MIAMI FL 33186-6019
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712372



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 7805 SW 120th PLACE Suite, Apt. #, etc.
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City & State MIAMI, FL	City & State MIAMI, FL
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4. FEI Number 65-0671649	Applied For <input type="checkbox"/> Not Applicable
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Zip 33183	Country USA	Zip 33183	Country USA
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
**FUNG, KIN L
 12255 S.W. 143RD LANE
 MIAMI FL 33186**

7. Name and Address of New Registered Agent
 Name: **KIN LEUNG FUNG**
 Street Address (P.O. Box Number is Not Acceptable): **7805 SW 120th PLACE**
 City: **MIAMI** FL **33183**

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]* DATE: **2/05/2000**

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, 2000 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	
TITLE: D NAME: FUNG, JEANIE C STREET ADDRESS: % 12255 S.W. 143RD LANE CITY-ST-ZIP: MIAMI FL 33186	<input type="checkbox"/> Delete
TITLE: D NAME: FUNG, KIN L STREET ADDRESS: % 12255 S.W. 143RD LANE CITY-ST-ZIP: MIAMI FL 33186	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: D NAME: FUNG, JEANIE C STREET ADDRESS: % 7805 SW 120th PLACE CITY-ST-ZIP: MIAMI FL 33183	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: FUNG, KIN L STREET ADDRESS: % 7805 SW 120th PLACE CITY-ST-ZIP: MIAMI FL 33183	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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]* DATE: **2/05/2000** (305) 418-3200
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # **x305**

CR2E034 (9/99)