

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000097368

1. Entity Name

DEMAR CAPITAL INVESTMENTS, INC.

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90925 018 ***150.00

0202535 AV

Principal Place of Business

1172 S DIXIE HIGHWAY
SUITE 481
MIAMI FL 33146
US

Mailing Address

ONE SOUTHEAST THIRD AVENUE
SUITE 2130
MIAMI FL 33131
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 65-0729561

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COPROLITE CORPORATION
ONE SOUTHEAST THIRD AVENUE
SUITE 1230
MIAMI FL 33131

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	DP	<input checked="" type="checkbox"/> Delete
NAME	STATON, ALBERT H III	
STREET ADDRESS	12 RUE GUYNEMER	
CITY-ST-ZIP	PARIS FRANCE FR 75006	
TITLE	DST	<input type="checkbox"/> Delete
NAME	STATON, LINDA A	
STREET ADDRESS	10 EDGEWATER DRIVE, LANAI SOUTH	
CITY-ST-ZIP	CORAL GABLES FL 33133	
TITLE	D	<input type="checkbox"/> Delete
NAME	STATON, MARY JANE	
STREET ADDRESS	8091 LAS PINOS BLVD	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE	D	<input type="checkbox"/> Delete
NAME	STATON, STUART A	
STREET ADDRESS	10 EDGEWATER DRIVE LANAI SOUTH	
CITY-ST-ZIP	CORAL GABLES FL 33133	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCGREGOR STATON, CANDACE	
STREET ADDRESS	12 RUE GUYNEMER	
CITY-ST-ZIP	PARIS, FRANCE FR 75006	
TITLE	D	<input type="checkbox"/> Delete
NAME	LOGAN, STEVE	
STREET ADDRESS	9158 SADDLEBOW DRIVE	
CITY-ST-ZIP	BRENTWOOD TN 37027	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STATON, ALBERT H., Jr.	
STREET ADDRESS	8091 Los Pinos Blvd.	
CITY-ST-ZIP	Coral Gables, FL 33143	
TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOGAN, JANE	
STREET ADDRESS	9158 Saddlebow Drive	
CITY-ST-ZIP	Brentwood, TN 37027	
TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STATON, ALBERT H III	
STREET ADDRESS	12 RUE DANTON	
CITY-ST-ZIP	PARIS FRANCE 75006	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STATON, CANDACE MCGREGOR	
STREET ADDRESS	12, rue GUYNEMER 7 RUE DANTON	
CITY-ST-ZIP	Paris, France 75006	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Albert H. Staton III ALBERT H. STATON, III 15/3/02 (305) 662-5504
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)