

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 90694 027 \*\*\*150.00

**DOCUMENT # P97000019924**

1. Entity Name  
**MARKA EXPORTS, INC.**



Principal Place of Business  
**1255 S 58TH AVE  
HOLLYWOOD FL 33023  
US**

Mailing Address  
**1255 S 58TH AVE  
HOLLYWOOD FL 33023  
US**



2. Principal Place of Business  
**1255 SW 58th AVE**  
Suite, Apt. #, etc.

3. Mailing Address  
**SAME**  
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State  
**HOLLYWOOD, FL**

City & State

4. FEI Number **65-0732679**

Applied For  
Not Applicable

Zip  
**33023**

Country  
**USA**

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**LEONARD, C. GLENN  
4875 N. FEDERAL HWY., 10TH FLOOR  
FT. LAUDERDALE FL 33308**

**7. Name and Address of New Registered Agent**

Name **NUNO LUIS PINHO**  
Street Address (P.O. Box Number is Not Acceptable)  
**1255 SW 58th AVE**  
City **HOLLYWOOD** **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)

**02/11/03**

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**

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>PINHO, NUNO RO</b>	
STREET ADDRESS	<b>1255 S 58 AVENUE</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL 33023</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>P/V/T/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NUNO LUIS PINHO</b>	
STREET ADDRESS	<b>1255 SW 58 AVE</b>	
CITY-ST-ZIP	<b>HOLLYWOOD, FL 33023</b>	
TITLE	<b>SID</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DOUGLAS B. CAHEN</b>	
STREET ADDRESS	<b>2000 TOWERSIDE TERRACE # 1205</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33138</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

**02/11/03 (954) 894.0200**

Date

Daytime Phone #

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