2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State
05-23-2001 91169 025 ***150.00

DOCUMENT # P97000030586

1. Entity Name
MARYNAVAL, INCORPORATED

Principal Place of Business
2955 NE 7TH AVENUE
SUITE 4
MIAMI, FL 33137

Mailing Address
SAME

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2955 NE 7TH AVENUE	199 SW 12TH AVENUE
Suite, Apt. #, etc. SUITE 4	Suite, Apt. #, etc. SUITE 11
City & State MIAMI, FL	City & State MIAMI, FL
Zip 33137 Country USA	Zip 33130-1056 Country USA

4. FEI Number 65-0753439 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
CORTES, LORENZO
2955 NE 7TH AVENUE
SUITE 4
MIAMI, FL 33137

7. Name and Address of New Registered Agent
Name JORGE E. OYARCE
Street Address (P.O. Box Number is Not Acceptable)
C/O JE OYARCE & ASSOCIATES, ACCOUNTING OFFICES
199 SW 12TH AVENUE, SUITE 11
City MIAMI FL Zip Code 33130-1056

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] JORGE E. OYARCE 4/23/01 305-324-2248
(NOTE: Registered Agent's 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, 2001 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D/T CORTES, LORENZO 2955 NE 7TH AVE, STE 4, MIAMI, FL 33137 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: [signature] LORENZO CORETS, PRESIDENT 4/23/01 305-324-2248