2000 UNIFORM BUSINESS REPORT (UBR)

04-26-2001 90270 008 ***908.75
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 APR 26 AM 9:07

DOCUMENT # P97000060581

1. Entity Name
MARCANO INSURANCE CORP.

Principal Place of Business	Mailing Address
1456 S SEMORAN BLVD ORLANDO FL 32807	1456 S SEMORAN BLVD ORLANDO FL 32807-2918

REINSTATEMENT 00-01

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1460 S. Semoran Blvd	1460 S. Semoran Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orlando, Fla.	City & State: Orlando, Fla.
Zip: 32807 Country: Orange	Zip: 32807 Country: Orange

4. FEI Number 59-3453718 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MOLINA, JULIO
8614 BRACKENWOOD DR
ORLANDO FL 32829

7. Name and Address of New Registered Agent

Name: Aida E. Marcano
Street Address (P.O. Box Number is Not Acceptable): 605 Laurel Cove CT #203
City: Orlando FL Zip Code 32825

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: Aida E Marcano President
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, 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARCANO, JULIO A 1065 LEJAY ST ORLANDO FL ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 605 Laurel Cove Court 203 Orlando, FL 32825
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARCANO, AIDA E 1065 LEJAY ST ORLANDO FL ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 605 Laurel Cove Court 203 Orlando, FL 32825.
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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: Aida E Marcano
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

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