

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90052 007 \*\*\*158.75

U202144 AV

**DOCUMENT # P97000065541**

1. Entity Name  
**MARNORTE EQUITIES CORP.**

Principal Place of Business <b>ONE BISCAYNE TOWER          1800          MIAMI BEACH FL 33131          US</b>	Mailing Address <b>2 SOUTH BISCAYNE BLVD          1800          MIAMI BEACH FL 33131          US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	4. FEI Number <b>65-0783983</b>	Applied For Not Applicable
Zip	Country	Zip	Country

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

6. Name and Address of Current Registered Agent  
**PEREZ, RAFAEL A  
 2 S BISCAYNE BLVD  
 STE 1800  
 MIAMI FL 33131**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>PERES, JOSE I</b> <input type="checkbox"/> Delete <b>2 SOUTH BISCAYNE BLVD SUITE 1800</b> <b>MIAMI FL 33131</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>LOPEZ, EDUARDO F</b> <input type="checkbox"/> Delete <b>2 SOUTH BISCAYNE BLVD SUITE 1800</b> <b>MIAMI FL 33131</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>ROMERO, LUIS A</b> <input type="checkbox"/> Delete <b>2 S BISCAYNE BLVD STE 1800</b> <b>MIAMI FL 33131</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>BARNES, MARCELLO</b> <input type="checkbox"/> Delete <b>2 SOUTH BISCAYNE BLVD SUITE 1800</b> <b>MIAMI FL 33131</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>GARCIA, ALEX A</b> <input type="checkbox"/> Delete <b>2 SOUTH BISCAYNE BLVD STE 1800</b> <b>MIAMI FL 33131</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VS</b> <b>ZARRAGA, MANUEL D</b> <input type="checkbox"/> Delete <b>2 SOUTH BISCAYNE BLVD STE 1800</b> <b>MIAMI FL 33131</b>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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)(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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/02 (305) 358-9313  
 Date Daytime Phone #

CR2E034 (9/01)