2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: Mose Marmol (Pres

FILED Mar 21, 2001 8:00 am DOCUMENT # P98000035871 **Secretary of State** 1. Entity Name MARMOL'S PRODUCTION, INC. 03-21-2001 90013 048 ***150.00 Principal Place of Business Mailing Address 2403 SW 102ND PLACE 2403 SW 102ND PLACE MIAMI FL 33165 MIAMI FL 33165 00020303 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State 65-0834588 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MARMOL, JOSE Street Address (P.O. Box Number is Not Acceptable) 2403 SW 102ND PLACE MIAMI FL 33165 City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE Delete TITLE ☐ Change MARMOL, JOSE NAME NAME STREET ADDRESS 2403 SW 102ND PLACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33165 TITLE ☐ Delete TITLE ☐ Addition NAME MARMOL, GLORIA NAME STREET ADDRESS 2403 SW 102ND PLACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33165** ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME SORDO-SUAREZ, JOSE A NAME 2140 SW 137TH PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33175** CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 attachprent with an address, with all other like empowered.

February 16/01