

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Aug 18, 2002 8:00 am
Secretary of State

08-18-2002 90139 001 ***300.00

DOCUMENT # **9800006-1725**
1. Entity Name
Marendel Holdings Corporation ✓

DO NOT WRITE IN THIS SPACE

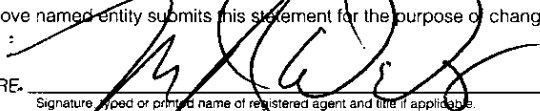
2. Principal Place of Business 2000 Ponce de Leon Blvd. Suite, Apt. #, etc. Suite 102 City & State Coral Gables FL Zip 33134 Country US		3. Mailing Address 2000 Ponce de Leon Blvd. Suite, Apt. #, etc. Suite 102 City & State Coral Gables, FL Zip 33134 Country US	
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98360
DO NOT WRITE IN THIS SPACE

4. FEI Number **65-1080960** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75** Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name **Mario R. Delgado, Esq.**
Street Address (P.O. Box Number is Not Acceptable) **2000 Ponce de Leon Blvd.**
Suite 102
City **Coral Gables** FL Zip Code **33134**

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 **8-13-02**
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.
January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	President, Secretary, Director Mario R. Delgado 2000 Ponce de Leon Blvd., Suite 102 Coral Gables, FL 33134
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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 on an attachment with an address, with all other like empowered.

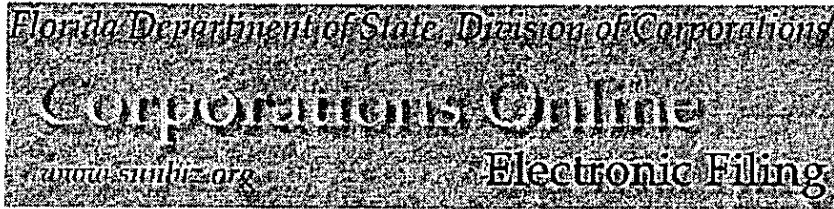
SIGNATURE:  DATE **8-13-02** (305) 443-4146
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)

Marendel Holdings Corporation

Attachment

P98000061725



Online Payment System

Please Confirm Billing Information

Transaction Amount: \$150.00

Email Address: mrdpa@hotmail.com

Billing Name: MARIO R DELGADO

Billing Address: 2151 S LEJEUNE ROAD 202

Billing City: CORAL GABLES

Billing State: FL

Billing Zip: 33134-4200

Billing Phone Number: 3057749210

Payment Method: Visa

Credit Card Number: 4417128606907812

Credit Card Expiration Date: 05/2003

Important Notice: Clicking the "Pay Now" button below more than one time may result in multiple charges to your account. Please click on the "Pay Now" button only one time. Please be patient. Your order is being processed.

Back

Pay Now