## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## **FILED** Mar 10, 2000 8:00 am Secretary of State DOCUMENT # P98000093215 1. Entity Name MARPU INTERNATIONAL CORP. 03-10-2000 90038 046 \*\*\*150.00 Mailing Address Principal Place of Business 777 N.W. 72ND AVENUE 777 N.W. 72ND AVENUE STE 3-D-20 STE 3-D-20 MIAMI FL 33126-3024 MIAMI FL 33126 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0873139 Not Applicable Zip Country 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 CORONADO, RAMONA Street Address (P.O. Box Number is Not Acceptable) 7360 N.W. 72ND AVENUE STE 3-D-20 MIAMI FL 33126 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 \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 OFFICERS AND DIRECTORS 12. **Delete** ☐ Addition Change TITLE TITLE PD MARCHENA: HECTOR D NAME NAME MARIA CLARA PUJOL 3701 N. COUNTRY CLUB DR NO. 1608 STREET ADDRESS STREET ADDRESS 3701 N.COUNTRY CLUB DR NO.1608 CITY-ST-ZIP CITY-ST-ZIP **AVENTURA FL** AVENTURA FL <del>1</del> Delete Change ☐ Addition TITLE TITLE MARCHENA, DENNIS D LAUREANO PUJOL NAME NAME 3701 N.COUNTRY CLUB DR NO.1608 3701 N. COUNTRY CLUB DR NO. 1608 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP AVENTURA FL CITY-ST-ZIP AVENTURA FL ☐ Addition TITI F \_\_:Change ☐ Delete TITLE PUJOL, LAUREANO A NAME NAME STREET ADDRESS STREET ADDRESS 14241 S.W. 83RD ST. CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33183** Delete Change ■ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITI F Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 frue 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 appowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNING OFFICER OR DIRECTOR

3/06/00

Daytime Phone #