## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED Feb 19, 2001 8:00 am Secretary of State DOCUMENT # P98000093215 1. Entity Name MARPU INTERNATIONAL CORP. 02-19-2001 90268 006 \*\*\*158.75 Principal Place of Business Mailing Address 777 N.W. 72ND AVENUE 777 N.W. 72ND AVENUE STE 3-D-20 STE 3-D-20 MIAMI FL 33126 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 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 aureano CORONADO, RAMONA Street Address (P.O. Box Number is Not Acceptable) 7360 N.W. 72ND AVENUE STE 3-D-20 MIAMI FL 33126 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. Laureann 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. SD Delete ☐ Change Addition TITLE TITLE NAME PUJOL LAUREANO A NAME 14241 S.W. 83RD ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33183 Change PD ☐ Addition TITLE ☐ Delete TITLE Clara PUJOL, Maria NAME PUJOL, MARIA CLARA NAME 6332 SW 112 STREET ADDRESS 3701 N COUNTRY CLUB DR NO 1608 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **AVENTURA FL** ☐ Delete TITLE Change Addition TITLE PUJOL, Laureano 6332 SW 12 PL NAME PUJOL, LAUREANO NAME STREET ADDRESS 3701 N COUNTRY CLUB DR NO 1608 STREET ADDRESS 33173 CITY-ST-ZIP AVENTURA FL CITY-ST-ZIP Miami ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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: