2000 UNIFORM BUSINESS REPORT (UBR)

44/13

FILED
Jul 05, 2000 8:00 am
Secretary of State
04-13-2000 90041 022 ***150.00

DOCUMENT # P98000105885

1. Entity Name

MARBRI CORP.

Principal Place of Business	Mailing Address
~~20911 JOHNSON ST. UNIT 131~~ ~~PEMBROKE PINES FL 33029~~ 851 HERITAGE DR. WESTON FL 33326	~~20911 JOHNSON ST. UNIT 131~~ ~~PEMBROKE PINES FL 33029 2191~~ 851 HERITAGE DR. WESTON FL, 33326
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0882576 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SANCHEZ, EUGENIA
851 HERITAGE DR
FT LAUDERDALE FL 33326

7. Name and Address of New Registered Agent

Name ~~MARBRI CORP~~ EUGENIA SANCHEZ

Street Address (P.O. Box Number is Not Acceptable)

851 HERITAGE DR., WESTON

City FT LAUDERDALE FL Zip Code 33326

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] 4/1/2000

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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, 2000 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD SANCHEZ, EUGENIA 851 HERITAGE DR FT LAUDERDALE FL 33326	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD MORENO, BRIDA 851 HERITAGE DR FT LAUDERDALE FL 33326	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/99)

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] 4/1/2000 1-954-3898685

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

EUGENIA SANCHEZ