

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

DOCUMENT # P98000107969

1. Entity Name

MARINA INVESTMENTS INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
445 Grand Bay Drive

3. Mailing Address
445 Grand Bay Drive

Suite, Apt. #, etc.
Suite # 1110

Suite, Apt. #, etc.
Suite # 1110

City & State
Key Biscayne, Florida

City & State
Key Biscayne, Florida

Zip
33149

Country
Miami-Dade

Zip
33149

Country
Miami-Dade

4. FEI Number
650884470

Applied For
Not Applicable

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

7. Name and Address of Current Registered Agent

Name
Alberto J. Parlade, ESQ.

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

7050 SW 86 Ave.

City
Miami

FL

Zip Code
33143

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

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
P/S/T/D
Marina Stanzione
445 Grand Bay Drive
Key Biscayne, Florida 33149

TITLE
NAME
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARINA STANZIONE

Date

Daytime Phone #

FILED

02 SEP 12 PM 12:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****585.00 ****585.00

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