2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State
04-07-2001 90030 039 ***150.00

DOCUMENT # P99000004672

1. Entity Name
MARJOR USA, INC.

Principal Place of Business	Mailing Address
C/O ROTH, ROUSSO & BENJAMIN, P.A. 2875 NE 191 ST. PHA3A AVENTURA FL 33180	C/O ROTH, ROUSSO & BENJAMIN, P.A. 2875 NE 191 ST. PHA3A AVENTURA FL 33180

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1978 NE 149 Street	1978 NE 149 Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: NORTH MIAMI, FL	City & State: NORTH MIAMI FL
Zip: 33181 Country: U.S.A	Zip: 33181 Country: U.S.A

4. FEI Number 65-0891196 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ROTH, LEONARDO A 9350 SOUTH DIXIE HWY. PH 2 MIAMI FL 33156	Name: JORGE L. DONATI Street Address (P.O. Box Number is Not Acceptable): 1978 NE 149 STREET NORTH MIAMI FL City: NORTH MIAMI FL FL Zip Code: 33181

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] 4/16/01
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, 2001 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	PVTS DONATI, JORGE LUIS 4825 N.W. 24TH AVENUE BOCA RATON FL 33431	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (10/00)

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