## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** DOCUMENT # P9900005571 Apr 06, 2000 8:00 am Secretary of State 1. Entity Name MARIELLE INVESTMENT CORP. 04-06-2000 90032 031 \*\*\*150.00 Mailing Address Principal Place of Business 19141 N.W. 78TH AVENUE 19141 N.W. 78TH AVENUE MIAMI FL 33015-5263 MIAMI FL 33015 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number 65.00 4 2980 City & State Not Applicable Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RODRIGUEZ, JUAN A Street Address (P.O. Box Number is Not Acceptable) 19141 N.W. 78TH AVENUE **MIAMI FL 33015** Zip Code City FL 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change Addition **PVST** TITLE Delete TITLE RODRIGUEZ, JUAN A NAME NAME STREET ADDRESS STREET ADDRESS 19141 N.W. 78TH AVENUE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33015 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME RODRIGUEZ, JUAN A STREET ADDRESS STREET ADDRESS 19141 N.W. 78TH AVENUE CITY-ST-ZIP CITY-ST-ZIF **MIAMI FL 33015** ☐ Change Addition Addition \_\_ Delete TITLE D/VP~ · TITLE NAME NAME Luz R. Rodriguez STREET ADDRESS STREET ADDRESS 19141 N.W. 78th Ave. CITY-ST-7IP CITY-ST-ZIP Miami, F1. 33015 ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Defete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Jugn A Rodriguer 4/1/02 Day