

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000005645

1. Entity Name

MAREC INVESTMENTS OF FLORIDA, INC.

Principal Place of Business

501 BRICKELL KEY DRIVE #407
MIAMI FL 33131

Mailing Address

501 BRICKELL KEY DRIVE #407
MIAMI FL 33131

2. Principal Place of Business

5190 NW 167 ST

Suite, Apt. #, etc.

113

City & State

MIAMI, FL

Zip

33014

Country

USA

3. Mailing Address

5190 NW 167 ST

Suite, Apt. #, etc.

113

City & State

MIAMI, FL

Zip

33014

Country

USA

6. Name and Address of Current Registered Agent

VAZQUEZ, GERARDO A ESQ.
501 BRICKELL KEY DRIVE #407
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

JOSEPH SHOMAR

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

17439 NW 66 CT.

City

MIAMI

FL

Zip Code

33015

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

Joseph Shomar

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/27/01

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

TITLE PD
NAME AVADIS, AVADIS
STREET ADDRESS 601 BRICKELL DRIVE STE 803
CITY-ST-ZIP MIAMI FL 33131 ☒ Delete

TITLE S
NAME VAZQUEZ, GERARDO
STREET ADDRESS 601 BRICKELL KEY DRIVE
CITY-ST-ZIP MIAMI FL 33131 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P/S/T
NAME AVADIS AVADIS
STREET ADDRESS 888 BRICKELL KEY ONE TERQUESTA POINT
CITY-ST-ZIP MIAMI, FL. 33131 APT. 2009 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

AVA/ADIS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/27/01

Daytime Phone #

(305) 474-0086

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90220 032 ***150.00

C0063575



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0892407

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

CR2E034 (10/00)