5/13/

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 03, 2002 8:00 am
Secretary of State
05-13-2002 90161 038 ***150.00

DOCUMENT # P99000014362

1. Entity Name

MARGREG CORPORATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
100 BAYVIEW DRIVE		100 BAYVIEW DRIVE	
Suite, Apt. #, etc. SUITE 2028		Suite, Apt. #, etc. SUITE 2028	
City & State N. MIAMI BEACH, FL.		City & State N. MIAMI BEACH, FL.	
Zip 33160	Country USA	Zip 33160	Country U.S.A

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1046026 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Gregorio Kuschnir

Street Address (P.O. Box Number is Not Acceptable) 9481 Byron Avenue Suite 512

City Miami Bch FL 33154

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) X

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	PSD	TITLE	
NAME	KUSCHNIR, GREGORIO	NAME	
STREET ADDRESS	100 BAYVIEW DRIVE, #2028	STREET ADDRESS	
CITY-ST-ZIP	N.MIAMI BEACH, FLORIDA 33160	CITY-ST-ZIP	
TITLE	V/T/D	TITLE	
NAME	MARY KUSCHNIR	NAME	
STREET ADDRESS	100 BAYVIEW DRIVE, #2028	STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI BEACH, FLORIDA 33160	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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: Mary Kuschnir V/Pres. 4/12/02 305-944-6486
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #