

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 17, 2002 8:00 am**  
**Secretary of State**

0182146 AV

**DOCUMENT # P99000014406**

1. Entity Name  
**MAROVE INTERNATIONAL, INC.**

02-17-2002 90020 026 \*\*\*150.00

Principal Place of Business  
**27553 S DIXIE HWY**  
**MIAMI FL 33032**

Mailing Address  
**27553 S DIXIE HWY**  
**MIAMI FL 33032**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**5249 NW 112 PL**  
 Suite, Apt. #, etc.

3. Mailing Address  
**5249 NW 112 PL**  
 Suite, Apt. #, etc.

City & State  
**MIAMI FL 33178**

City & State  
**MIAMI FL 33178**

4. FEI Number **65-0892127** Applied For  Not Applicable

Zip Country  
**33178**

Zip Country  
**33178 DADE**

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

6. Name and Address of Current Registered Agent  
**FRENANDE, MILAGROS**  
**11950 SW 271ST TERR**  
**HOMESTEAD FL 33032**

7. Name and Address of New Registered Agent  
 Name  
**ROJAS, RAFAELA**  
 Street Address (P.O. Box Number is Not Acceptable)  
**5249 NW 112 PL**  
 City  
**MIAMI FL** Zip Code  
**33178**

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 **Rafaela Rojas** DATE **01/28/02**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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	<b>D</b> <b>ROJAS, RAFAELA</b> <b>27553 S DIXIE HWY</b> <b>MIAMI FL 33032</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FERNANDEZ, HERNAN</b> <b>27553 S DIXIE HWY</b> <b>MIAMI FL 33032</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-- <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **Rafaela Rojas** DATE **01/28/02** DAYTIME PHONE # **305-792-0573**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CP2EN04 (9/01)