2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT-#___P99000017377 Mar 06, 2000 8:00 am Secretary of State 1. Entity Name 03-06-2000 90053 011 ***150.00 MARTIAL INTERNATIONAL CORP. Principal Place of Business Mailing Address 170 Bonaventure Blvd. 170 Bonaventure Blvd. Apt. 107 Apt. 107 Weston, Fl 33326 Weston, Fl 33326 B0033540 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State Not Applicable 65-0899778 Zip- -Zip -----Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name <u>Jaime E. Bernal</u> Jaime Enrique Bernal Street Address (P.O. Box Number is Not Acceptable) 1816 Salerno Circle Weston, Fl 33327-1908 Bonaventure Blvd. Apt. 107 Zip Code Weston 33326 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Addition TITLE Change TITLE ☐ Delete NAME Jaime Enrique Bernal STREET ADDRESS STREET ADDRESS 170 Bonaventure Blvd. Apt. 107 CITY-ST-ZIP CITY-ST-ZIP Weston, Fl 33326 ☐ Addition TITLE ☐ Change TITLE ☐ Delete NAME NAME Esperanza L. Talerno STREET ADDRESS STREET ADDRESS 170 Bonaventure Blvd. Apt.107 CITY-ST-ZIP CITY-ST-ZIP Weston, Fl 33326 ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. Thereby 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 empower SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR