

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90042 028 ***150.00

DOCUMENT # P99000020319

1. Entity Name

MARPE INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

901 PONCE DE LEON BLVD.
 SUITE #601
 CORAL GABLES FL 33134

901 PONCE DE LEON BLVD.
 SUITE #601
 CORAL GABLES FL 33134-3073

00054454

2. Principal Place of Business

3. Mailing Address

3959 SAN SIMEON LN
 Suite, Apt. #, etc.

2566 JARDIN WAY
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

WESTON, FL

City & State

WESTON, FL

4. FEI Number

65-0922265

Applied For

Not Applicable

Zip

Country

33326

Zip

Country

33327

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

GASTON REBOREDO

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

2566 JARDIN WAY

City

WESTON

FL

Zip Code

33327

ALBORNOZ, WILLIAM H ESQ.
 901 PONCE DE LEON BLVD.
 SUITE #601
 CORAL GABLES FL 33134

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

GASTON REBOREDO

4-19-2000

DATE

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, 2000 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	D	<input type="checkbox"/> Delete
NAME	PEREZ, MARCO	
STREET ADDRESS	901 PONCE DE LEON BLVD. SUITE 601	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		

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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E034 (9/99)

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(954) 385-9878