

2000 UNIFORM BUSINESS REPORT (UBR)

2/

DOCUMENT # P99000023225

1. Entity Name

MARIVO INC.

FILED
May 16, 2000 8:00 am
Secretary of State

02-26-2000 90058 023 ***150.00

Principal Place of Business

11322 QUAIL ROOST DRIVE
MIAMI FL 33157

Mailing Address

11322 QUAIL ROOST DRIVE
MIAMI FL 33157-6576

2. Principal Place of Business

11322 Quail Roost Drive

Suite, Apt. #, etc.

3. Mailing Address

Same

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Zip Country

33157

ade

4. FEI Number

65-0915352

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ACOSTA, RAFAEL
15272 SW 172 TERR.
MIAMI FL 33187

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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)

2/20/2000

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

TITLE: President
NAME: Rafael Acosta
STREET ADDRESS: 15272 SW 172 Terr
CITY-ST-ZIP: Miami FL 33187

☐ Delete

TITLE: Vice President
NAME: Elizabeth Pachot
STREET ADDRESS: 15272 SW 172 Terr
CITY-ST-ZIP: Miami FL 33187

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TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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STREET ADDRESS:
CITY-ST-ZIP:

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

☐ Change ☐ Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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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:

Rafael Acosta

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/2000

DATE

(305) 238-4886

Daytime Phone #

CR2E034 (9/99)