2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 30, 2001 8:00 am Secretary of State DOCUMENT # P99000050236 1. Entity Name MAROZ, INC. 04-30-2001 90146 046 ***150.00 Principal Place of Business Mailing Address 1200 DANBURY AVE 1200 DANBURY AVE DAVIE-FL 33325 DAVIE FL 33325 2. Principal Place of Business 3. Mailing Address 7220 NW.36 St 7220 NW 36 St Suite, Apt. #, etc. Suite, Apt. #, etc **#510** DO NOT WRITE IN THIS SPACE #510 City & State City & State 4. EEI Number Applied For 65-0924411 Miami, Florida <u>Miami, Florida</u> Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 33166 USA USA USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Manuel Rozo ROZO, MANUEL Street Address (P.O. Box Number is Not Acceptable) 1200 DANBURY AVE 7220 NW. 36 Street #510 DAVIE FL 33325 Miami 33166 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 Regi stered Agent 01-03-01 (NOTE: Registered Agent's gnature required when reinstating) 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITLE **PSTD** XX Change Addition President Rozo, Manuel NAME ROZO, MANUEL 7220 NW. 36Street #510 STREET ADDRESS 1200 DANBURY AVE CiTY-ST-ZiP Miami, FL 33166 DAVIE FL 33325 Vice President ☐ Deiete TITLE **X**Change Acdition Garcia, BEatriz L. NAME GARCIA, BEATRIZ L 7220 NW. 36Street #510 STREET ADDRESS STREET ADDRESS 1200 DANBURY AVE-CITY-ST-ZIP CLIY-ST-7I2 Miami, Fl 33166 DAVIE FL 33325 ☐ Delete TiTLE Change Change Addition 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 ☐ Delete TITLE Addition Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7iP

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 empowered.

President

(305)513-0101