

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000055812

1. Entity Name

COMAR INTERNATIONAL CORP.

Principal Place of Business

17600 SW 144 AVE.
MIAMI FL 33177

Mailing Address

17600 SW 144 AVE.
MIAMI FL 33177

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0962119

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GARCIA-MENOCAL, MARCO
17600 SW 144 AVE.
MIAMI FL 33177

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)

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, 2001 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 PS ☒ Delete
NAME GARCIA-MENOCAL, MARCO
STREET ADDRESS 12800 SW 144 AVE
CITY-ST-ZIP MIAMI FL 33177

TITLE VPT ☒ Delete
NAME GARCIA-MENDELL, CONSUELO
STREET ADDRESS 17600 SW 144 AVE
CITY-ST-ZIP MIAMI FL 33177

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PS ☒ Change ☒ Addition
NAME GARCIA-MENOCAL, CONSUELO
STREET ADDRESS 17600 SW 144 AVE
CITY-ST-ZIP MIAMI FL 33177

TITLE VPT ☐ Change ☒ Addition
NAME MENENDEZ, CONSUELO
STREET ADDRESS 15371 SW 177 TERR
CITY-ST-ZIP MIAMI FL 33187

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

4/3/01

(305) 259-9487

Daytime Phone #

CR2E034 (10/00)

0223908

FILED
Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90069 026 ***158.75



DO NOT WRITE IN THIS SPACE