

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000076829

1. Entity Name

MARYSOL INTERNATIONAL, INC.

FILED

Feb 18, 2000 8:00 am
Secretary of State

02-18-2000 90107 037 ***150.00

Principal Place of Business

Mailing Address

1101 BRICKELL AVENUE
SUITE 1100
MIAMI FL 33131

1101 BRICKELL AVENUE
SUITE 1100
MIAMI FL 33131-3151

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FFL Number

Applied For

Not Applicable

Zip

Country

Zip

Country

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

PENA, J. DAVID
1101 BRICKELL AVENUE
SUITE 1100
MIAMI FL 33131

Name
CESAR E. MOLINA

Street Address (P.O. Box Number is Not Applicable)
12371 SW 97th TERR

City MIAMI

FL

Zip 33186

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 state 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, 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 ☐ Delete
NAME D
STREET ADDRESS MOLINA, CESAR ELIAS
CITY-ST-ZIP 1101 BRICKELL AVENUE
MIAMI FL 33131

TITLE ☒ Change ☐ Addition
NAME P/S/D
STREET ADDRESS MOLINA, CESAR ELIAS
CITY-ST-ZIP 12371 SW 97th TERR MIAMI FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)