

2000 UNIFORM BUSINESS REPORT (UBR)

5/1/00-90448-003-\$150.00-\$150.00

DOCUMENT # P99000087785

1. Entity Name

TWO MARYS USA, CORP.

FILED

00 JUN -9 PM 2:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

5151 COLLINS AVE., UNIT 1219
MIAMI BEACH FL 33140

Mailing Address

5151 COLLINS AVE., UNIT 1219
MIAMI BEACH FL 33140-2716

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AMADO, MARTA GLORIA
5151 COLLINS AVE., UNIT 1219
MIAMI BEACH FL 33140

7. Name and Address of New Registered Agent

Name Di Bello, Haydee Josefina Amalia

Street Address (P.O. Box Number is Not Acceptable)
5151 Collins Ave., Unit 1219

Miami Beach

City MIAMI

FL

Zip Code 33140

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 fee applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/24/00

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 NAME STREET ADDRESS CITY-ST-ZIP	PSD AMADO, MARTA GLORIA 5151 COLLINS AVE., UNIT 1219 MIAMI BEACH FL 33140	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P-T Di Bello, Haydee Josefina Amalia 5151 Collins Ave., Unit 1219 Miami Beach FL 33140	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V-S Veronelli, Fernando 5151 Collins Ave., Unit 1219 Miami Beach FL 33140	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00

Date

305-867-4381

Daytime Phone #

CR2034 (9/99)