

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000090330

1. Entity Name

MARIN DESIGN GROUP, INC.

FILED

Jun 03, 2000 8:00 am
Secretary of State

06-03-2000 90142 015 ***150.00

Principal Place of Business

Mailing Address

17600 NORTH BAY ROAD APT. 407
NORTH MIAMI BEACH FL 33160

17600 NORTH BAY ROAD APT. 407
NORTH MIAMI BEACH FL 33160-2832

2. Principal Place of Business

17600 North Bay Road

3. Mailing Address

17600 North Bay Road

Suite, Apt. #, etc.

407

Suite, Apt. #, etc.

407

City & State

North Miami Beach, FL.

City & State

North Miami Beach, FL.

Zip

33160

Country

U.S.A.

Zip

33160

Country

USA

4. FEI Number

65-0957279

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARIN, HERNANDO A
17600 NORTH BAY ROAD APT. 407
NORTH MIAMI BEACH FL 33160

7. Name and Address of New Registered Agent

Name MARIN, HERNANDO A.

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

2031 RENAISSANCE BOULEVARD #203

City MIRAMAR

FL

Zip Code

33025

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, 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 D
NAME MARIN, HERNANDO
STREET ADDRESS 17600 NORTH BAY ROAD APT. 407
CITY-ST-ZIP NORTH MIAMI BEACH FL 33160 ☐ Delete

TITLE D
NAME MORALES, HUMBERTO
STREET ADDRESS 17600 NORTH BAY ROAD APT. 407
CITY-ST-ZIP NORTH MIAMI BEACH FL 33160 ☐ Delete

TITLE D
NAME MORALES, PATRICIA
STREET ADDRESS 17600 NORTH BAY ROAD APT. 407
CITY-ST-ZIP NORTH MIAMI BEACH FL 33160 ☐ 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 ☐ Change ☐ Addition

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

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

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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

Date

Daytime Phone #

5/1/00

(954) 442-7826

CR21E034 (9/99)