

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 25, 2001 8:00 am
Secretary of State

0198436

DOCUMENT # P99000090330

1. Entity Name:

MARIN DESIGN GROUP, INC.

05-25-2001 90289 045 ***150.00

Principal Place of Business

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

Mailing Address

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

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

USA

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
 2031 RENAISSANCE BOULEVARD #203
 MIRAMAR FL 33025

7. Name and Address of New Registered Agent

Name

Marin, Hernando A.

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

2031 Renaissance Blvd. #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]
 Signature, typed or printed name of registered agent and title if applicable.

(NOT

Registered Agent signature required when reinstating)

DATE

HERNANDO A. MARIN
 Partner

4-30-01

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

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

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

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

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

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

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 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 the signature of the corporation or the receiver or trustee empowered to execute this report or supplemental report is 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]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-30-01

(954) 442-7826

Date

Daytime Phone #

CR2E034 (10/00)