

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State
 05-29-2002 90730 048 ***150.00

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 AV

DOCUMENT # P99000090330

1. Entity Name
MARIN DESIGN GROUP, INC.

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2031 Renaissance Blvd
 Suite, Apt. #, etc.
203

3. Mailing Address
2031 Renaissance Blvd.
 Suite, Apt. #, etc.
203

City & State
Miramar / Florida.

City & State
Miramar / Florida.

4. FEI Number **65-0957279**

Applied For
☐ Not Applicable

Zip
33025

Country
U.S.A.

Zip
33025

Country
U.S.A.

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

MARIN, HERNANDO A
2031 RENAISSANCE BOULEVARD #203
MIRAMAR FL 33025

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, 2002 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
D
 NAME **MARIN, HERNANDO**
 STREET ADDRESS **17600 NORTH BAY ROAD APT. 407**
 CITY-ST-ZIP **NORTH MIAMI BEACH FL 33160**

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

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

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

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

TITLE ☐ Change ☐ Addition
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 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: _____

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-28-02 (954) 442-7826

CR2E034 (9/01)