2000 UNIFORM BUSINESS REPORT (UBR)

2/19/00-90014-023-\$150.00-\$150.00

DOCUMENT # P99000109237 15 J 1. Entity Name MARAZZO CONSULTANS, INC. "FILED 00 MAR -9 PM 2: 55 Mailing Address Principal Place of Business 4040 SW 145 TERRACE 4040 SW 145 TERRACE SECRETARY OF STATE MIRAMAR FL 33027 MIRAMAR FL 33027 2. Principal Place of Business 3. Mailing Address 45 TERRACE 464/5W Suite, Apt. #, etc. 145 TERRACE 4041 SW DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number itv & State City & State RAMAR 65-09679 Not Applicable (ILAMAR Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MARAZZO, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 4041 SW 145 TERRACE MIRAMAR FL 33027 Zip Code City 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 (NOTE: Registered Agent signature required when reinstaling) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12 11, Addition Change TITLE ח ☐ Delete DILE MARAZZO, MICHAEL NAME NAME CR2E034 4041 SW 145 TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP . CITY - ST - ZIP MIRAMAR FL 33027 Addition □ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CHTY-ST-ZIP ____ Addition ☐ Channe TITLE Detete ~ TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 suppliemental 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 attact, manufacture and other like empowered. Michael MARAZZOJR