FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 91839 016 ***150.00

2003 FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

70051019

DOCUMENT # S77772

1. Entity Name
MARLENE E. GINARTE, P.A.

Principal Place of Business	Mailing Address
6437 SW 25 ST. MIAMI, FL 33155	6437 SW 25 ST. MIAMI, FL 33155

2. Principal Place of Business	3. Mailing Address
9981 SW 70 Street	9981 SW 70 Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, Florida	City & State: Miami, Florida
Zip: 33173 Country:	Zip: 33173 Country:

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0281373 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GINARTE, MARLENE E.
6437 SW 25 ST.
MIAMI, FL 33155

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
9981 SW 70 Street
City Miami FL Zip Code 33173

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] 4/3/03
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PVS	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	GINARTE, MARLENE E.		NAME	
STREET ADDRESS	9981 SW 70 STREET		STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33173		CITY-ST-ZIP	
TITLE	TD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	GINARTE, MARLENE E.		NAME	
STREET ADDRESS	9981 SW 70 STREET		STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33173		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] President 4/3/03 (305) 273-1040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #