

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S78680

1. Entity Name
MAREXEL CORPORATION

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90052 034 ***150.00

Principal Place of Business

2160 HOWLAND
STE 104
DELTONA FL 32738
US

Mailing Address

80 S HIGHWAY 17-92
90 GODDARD DR.
DEBARY FL 32713
US

2. Principal Place of Business

90 GODDARD DR

3. Mailing Address

90 GODDARD DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DEBARY FL

City & State

DEBARY FL

4. FEI Number 59-3091016

Applied For

Not Applicable

Zip

32713

Country

U.S.A.

Zip

32713

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

ANAYAS, MARCELO R
90 GODDARD DR
DEBARY FL 32713

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS ANAYAS, MARCELO R
CITY-ST-ZIP 90 GODDARD DR
DEBARY FL 32713

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

TITLE ☐ Delete
NAME D
STREET ADDRESS ANAYAS, CONCEPCION S
CITY-ST-ZIP 90 GODDARD DR
DEBARY FL 32713

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

TITLE ☐ Delete
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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:

ANAYAS MARCELO ANAYAS, PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)