

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90104 038 \*\*\*158.75

DOCUMENT # S80781

1. Entity Name

DEMAR EXPORT, INC.

Principal Place of Business

Mailing Address

9601 COLLINS AVE.  
 UNIT TS-1  
 BAL HARBOUR, FLORIDA. 33154

2. Principal Place of Business

9601 COLLINS AVE

3. Mailing Address

(SAME)

Suite, Apt. #, etc.  
 UNIT TS-1

Suite, Apt. #, etc.

City & State  
 BAL HARBOUR, FLORIDA

City & State

Zip  
 33154

Country  
 USA-FLORIDA

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCINTO, LEONARDO A.  
 9601 COLLINS AVE. UNIT TS-1  
 BAL HARBOUR FLORIDA. 33154

Name

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

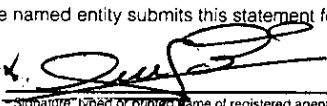
City

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



4/26TH/2002

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

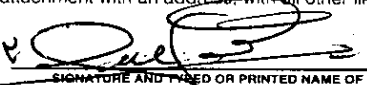
11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME: SCINTO LEONARDO A. <input type="checkbox"/> Delete STREET ADDRESS: 9601 COLLINS AVE. UNIT TS-1 CITY-ST-ZIP: BAL HARBOUR, FLORIDA 33154	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME: <input type="checkbox"/> Delete STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:



LEONARDO A. SCINTO, PREDT

4/26TH/2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #