

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90108 046 ***158.75

DOCUMENT # S80781

1. Entity Name

DEMAR EXPORT, INC



DO NOT WRITE IN THIS SPACE

70055105

2. Principal Place of Business

7701 CAMINO REAL

Suite, Apt. #, etc.

APT A -315

City & State

MIAMI FLORIDA

Zip

33143

Country

DADE

3. Mailing Address

7701 CAMINO REAL

Suite, Apt. #, etc.

APT A- 315

City & State

MIAMI FLORIDA

Zip

33143

Country

DADE

4. FEI Number

☒

Applied For

Not Applicable

5. Certificate of Status Desired

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\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

CORPORATE INVESTMENTS SERVICES, INC

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

7501 TREASURE DR NORTH BAY VILLAGE

City

MIAMI BEACH

FL

Zip Code
33141

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, typed or printed name of registered agent and title if applicable

LEONARDO A.E SCINTO

4/25th/03

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
PRESIDENT - SECT - TREAS - D	SCINTO LEONARDO A.E	7701 CAMINO REAL APT - A-315	MIAMI FLORIDA 33143
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
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TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
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TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LEONARDO A.E SCINTO

4/25th/03 (786) 488-9480

Date

Daytime Phone #