

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2000 8:00 am
Secretary of State

05-06-2000 90155 001 ***150.00
 05-06-2000 90155 002 *****8.75



DO NOT WRITE IN THIS SPACE

DOCUMENT # V62595

1. Entity Name
MAREX.COM, INC.

Principal Place of Business 2701 S BAYSHORE DR STE 403 COCONUT GROVE FL 33133 US	Mailing Address 2701 S BAYSHORE DR STE 403 COCONUT GROVE FL 33133-5359 US
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2. Principal Place of Business Suite, Apt. #, etc. 5th FLOOR City & State Zip	3. Mailing Address Suite, Apt. #, etc. 5th FLOOR City & State Zip
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4. EEI Number 65-0354269	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
SCHWEDEL, DAVID A
2701 S BAYSHORE DRIVE
SUITE 403
COCONUT GROVE FL 33133

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
5th FLOOR
 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 _____ (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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD SCHWEDEL, DAVID A % 2701 S. BAYSHORE DRIVE, SUITE 403 MIAMI FL 33133	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRIS, JR, ROBERT ONE SANSOME ST., CITICORP CENTER SAN FRANCISCO, CA 94104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GALLAGHER, DAN % 600 HIDDEN ROAD IRVINE TX 75038	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TROMBINO, ROGER T % 9200 SOUTH DADELAND BLVD., SUITE 705 MIAMI FL 33156	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GLAZER, GEORGE % 11589 PUERTO BLVD. BOYNTON BEACH FL 33437	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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 DATE **305-285-2003** Daytime Phone #

CR2E034 (9/99)