

# 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. <b>5th FLOOR</b> City & State Zip	3. Mailing Address Suite, Apt. #, etc. <b>5th FLOOR</b> City & State Zip	4. EEI Number <b>65-0354269</b>	Applied For <input type="checkbox"/> Not Applicable
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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)  
 Signature, typed or printed name of registered agent and title if applicable. 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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD</b> <b>SCHWEDEL, DAVID A</b> <b>% 2701 S. BAYSHORE DRIVE, SUITE 403</b> <b>MIAMI FL 33133</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HARRIS, JR, ROBERT</b> <b>ONE SANSOME ST., CITICORP CENTER</b> <b>SAN FRANCISCO, CA 94104</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GALLAGHER, DAN</b> <b>% 600 HIDDEN ROAD</b> <b>IRVINE TX 75038</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>TROMBINO, ROGER T</b> <b>% 9200 SOUTH DADELAND BLVD., SUITE 705</b> <b>MIAMI FL 33156</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GLAZER, GEORGE</b> <b>% 11589 PUERTO BLVD.</b> <b>BOYNTON BEACH FL 33437</b>	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 \_\_\_\_\_ Daytime Phone # **305-285-2003**

CR2E034 (9/99)