2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2001 8:00 am
Secretary of State
04-13-2001 90035 025 ***150.00

DOCUMENT # V62595

1. Entity Name
MAREX.COM, INC.

Principal Place of Business	Mailing Address
2701 S BAYSHORE DR STE 403 5TH FLOOR COCONUT GROVE FL 33133 US	2701 S BAYSHORE DR STE 403 5TH FLOOR COCONUT GROVE FL 33133 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2701 S. BAYSHORE DR.	2701 S. BAYSHORE DR
Suite, Apt. #, etc.: 5TH FLOOR	Suite, Apt. #, etc.: 5TH FLOOR
City & State: MIAMI FL	City & State: MIAMI FL
Zip: 33133 Country: USA	Zip: 33133 Country: USA

4. FEI Number 65-0354269 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SCHWEDEL, DAVID A
2701 S BAYSHORE DRIVE
SUITE 403 5TH FLOOR
COCONUT GROVE FL 33133

7. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD SCHWEDEL, DAVID A % 2701 S. BAYSHORE DRIVE, SUITE 403 MIAMI FL 33133	☐ Delete	D 2701 S. BAYSHORE DR. 5TH FL	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GALLAGHER, DAN % 600 HIDDEN ROAD IRVINE TX 75038	☐ Delete	D GALLAGHER, DAN 3 Van De Graaff Drive Genuity, 25/3019 Burlington, MA 01803	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TROMBINO, ROGER T % 9200 SOUTH DADELAND BLVD., SUITE 705 MIAMI FL 33156	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GLAZER, GEORGE % 11589 PUERTO BLVD. BOYNTON BEACH FL 33437	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HARRIS, ROBERT JR 1 SANSOME ST CITICORP CENTER SAN FRANCISCO CA 94104	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	P Michelle Miller 2701 S. Bayshore Dr. 5th Fl Miami FL 33133	☐ Change ☑ Addition

CR2E034 (10/00)

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: _____ 04/03/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #