

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90349 016 ***150.00

DOCUMENT # V62595

1. Entity Name
MAREX, INC.

Principal Place of Business 5835 BLUE LAGOON DRIVE, 4TH FLOOR MIAMI FL 33126 US	Mailing Address 5835 BLUE LAGOON DRIVE, 4TH FLOOR MIAMI FL 33126 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0354269	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
SCHWEDEL, DAVID A 5835 BLUE LAGOON DRIVE, 4TH FLOOR MIAMI FL 33126			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 _____ (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, 2002 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	D	<input type="checkbox"/> Delete	TITLE	D. PRESIDENT & CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWEDEL, DAVID A		NAME	DAVID A. SCHWEDEL	
STREET ADDRESS	2701 S BAYSHORE DR 5TH FLOOR		STREET ADDRESS	5835 Blue Lagoon Drive 4th Fl	
CITY-ST-ZIP	MIAMI FL 33133		CITY-ST-ZIP	Miami, FL 33126	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALLAGHER, DAN		NAME		
STREET ADDRESS	3 VAN DE GRAFF DRIVE		STREET ADDRESS		
CITY-ST-ZIP	BURLINGTON MA 01803		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TROMBINO, ROGER T		NAME		
STREET ADDRESS	% 9200 SOUTH DADELAND BLVD., SUITE 705		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33156		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLAZER, GEORGE		NAME		
STREET ADDRESS	% 11589 PUERTO BLVD.		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH FL 33437		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS, ROBERT JR		NAME		
STREET ADDRESS	1 SANSOME ST CITICORP CENTER		STREET ADDRESS		
CITY-ST-ZIP	SAN FRANCISCO CA 94104		CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, MICHELLE		NAME		
STREET ADDRESS	2701 S BAYSHORE DR 5TH FLOOR		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33133		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 # _____

CR2E034 (9/01)