

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

**FILED**  
**Mar 10, 2002 8:00 am**  
**Secretary of State**

03-10-2002 90773 001 \*\*\*150.00  
03-10-2002 90773 002 \*\*\*\*\*8.75

DOCUMENT # J84586

1. Entity Name

MARO PROPERTY, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

18908 SW 33rd COURT

Suite, Apt. #, etc.

3. Mailing Address

18908 SW 33rd COURT

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
MIRAMAR, FL

City & State  
MIRAMAR, FL

4. FEI Number  
65-0161711

Applied For  
Not Applicable

Zip  
33029

Country  
BROWARD

Zip  
33029

Country  
BROWARD

5. Certificate of Status Desired ☒ \$8.75 Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

MANUEL ALONSO

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

18908 SW 33rd COURT

City

MIRAMAR

FL

Zip Code  
33029

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

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

(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) ☐

January 1 - May 1 Fee is \$150.00  
After May 1 Fee is \$550.00  
Amended UBR is \$61.25  
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

TITLE PD  
NAME ALONSO, MANUEL  
STREET ADDRESS 18908 SW 33rd COURT  
CITY- ST- ZIP MIRAMAR, FL 33029

TITLE SD  
NAME ALONSO, ISABEL  
STREET ADDRESS 18908 SW 33rd COURT  
CITY- ST- ZIP MIRAMAR, FL 33029

TITLE TD  
NAME ALONSO, MANUEL R.  
STREET ADDRESS 18901 SW 32nd COURT  
CITY- ST- ZIP MIRAMAR, FL 33029

TITLE V  
NAME ALONSO, ROBERTO D.  
STREET ADDRESS 18908 SW 33rd COURT  
CITY- ST- ZIP MIRAMAR, FL 33029

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MANUEL R. ALONSO

2/19/02

Daytime Phone #

CR2E034B (12/01)