

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0003943 AF

DOCUMENT # **L99000006902**
1. Entity Name
MARMUSA LLC

00 MAY -5 PM 3:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
6037 SW 28TH STREET **6037 SW 28TH STREET**
MIAMI FL 33155 **MIAMI FL 33155-3107**



2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

P. O. BOX 52-4343
MIAMI, FL
33152-4343

DO NOT WRITE IN THIS SPACE
65-0956191
4. FEI Number Applied For
65-0955191 Not Applicable
5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
ROSS FIU CORPORATION
200 SOUTH BISCAYNE BLVD., 20TH FL
MIAMI FL 33131-2310

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS	
TITLE NAME	DUARTE, ANA / MGRM <input type="checkbox"/> Delete
STREET ADDRESS	6037 S.W. 28 STREET / MGRM
CITY-ST-ZIP	MIAMI, FL 33155
TITLE NAME	DUARTE, MANUEL / MGRM <input type="checkbox"/> Delete
STREET ADDRESS	6037 S.W. 28 STREET / MGRM
CITY-ST-ZIP	MIAMI, FL 33155
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS / CHANGES	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

800003279526 - Addition
06/07/00 - **01021** - **002**
*******50.00 *****50.00**

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **ANA DUARTE** *Signature Required* 04-14-00 305-592-1930
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)