

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 25, 2001 8:00 am**  
**Secretary of State**

03-23-2001 90021 012 \*\*\*158.75

76903



DO NOT WRITE IN THIS SPACE

<b>DOCUMENT # P00000060700</b>			
1. Entity Name <b>MARUCHI GLAMOROUS CORP.</b>			
Principal Place of Business <b>2653 NW 33RD STREET MIAMI FL 33142</b>		Mailing Address <b>2653 NW 33RD STREET MIAMI FL 33142</b>	
2. Principal Place of Business		3. Mailing Address <b>10960 SW 43 Lane</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <b>MIAMI, FL</b>	
Zip	Country	Zip	Country
<b>33165</b>	<b>USA</b>	<b>33165</b>	<b>USA</b>
6. Name and Address of Current Registered Agent  <b>QUESADA, KENNYA 13185 SW 10TH TERRACE DRIVE MIAMI FL 33184</b>		7. Name and Address of New Registered Agent Name <b>KENNYA QUESADA</b> Street Address (P.O. Box Number is Not Acceptable) <b>10960 SW 43 Lane</b> City <b>MIAMI</b> FL Zip Code <b>33165</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>		<b>FILE NOW!!! FEE IS \$550.00</b> <b>After September 12, 2001 Fee will be \$750.00</b> <b>Make Check Payable to Department of State</b>	
		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
11. OFFICERS AND DIRECTORS			
TITLE	NAME		
	<b>D QUESADA, KENNYA</b> <input type="checkbox"/> Delete		
STREET ADDRESS	<b>13185 SW 10TH TERRACE DRIVE</b>		
CITY-ST-ZIP	<b>MIAMI FL 33184</b>		
TITLE	NAME		
	<input type="checkbox"/> Delete		
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME		
	<input type="checkbox"/> Delete		
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	<input type="checkbox"/> Delete		
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME		
	<input type="checkbox"/> Delete		
STREET ADDRESS			
CITY-ST-ZIP			
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	NAME		
	<b>President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	<b>KENNYA QUESADA</b>		
CITY-ST-ZIP	<b>10960 SW 43 Lane</b>		
	<b>MIAMI - FL 33165</b>		
	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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			

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:** KENNYA QUESADA **President** 7-16-01 (305) 229-1369

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000060700

1. Entity Name

MARUCHI GLAMOROUS CORP.

Principal Place of Business

2653 NW 33RD STREET  
MIAMI FL 33142

Mailing Address

2653 NW 33RD STREET  
MIAMI FL 33142

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1022966

Applied For

Not Applicable

5. Certificate or Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

QUESADA, KENNYA  
13185 SW 10TH TERRACE DRIVE  
MIAMI FL 33184

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

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

(NOTE: Registered Agent signature required when filing)

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, 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

TITLE	D	<input type="checkbox"/> Delete
NAME	QUESADA, KENNYA	
STREET ADDRESS	13185 SW 10TH TERRACE DRIVE	
CITY-ST-ZIP	MIAMI FL 33184	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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SIGNATURE: X

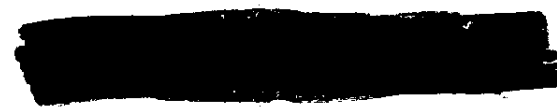
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KENNYA QUESADA 2/24/01

Attachment

Doc # P00000060700

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DO NOT WRITE IN THIS SPACE

RECEIVED  
DEPT. OF REVENUE  
01 MAR 20 AM 11:50

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