## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## **DOCUMENT # 490844** Feb 23, 2000 8:00 am Secretary of State MARCELIN & SON INC. 02-23-2000 90004 045 \*\*\*150.00 Mailing Address Principal Place of Business 2781 N. W. 104 COURT 2781 N. W. 104 COURT MIAMI FL 33172-2167 MIAMI FL 33172 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-1649402 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MARQUEZ, JOSE M. Street Address (P.O. Box Number is Not Acceptable) 780 NE LEJEUNE ROAD #400 MIAMI FL 33126 Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS ☐ Addition ☐ Change ☐ Delete TITLE TITLE MARQUEZ, JOSE M. NAME STREET ADDRESS STREET ADDRESS 782 NW LEJEUNE RD, #548 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33126** ☐ Change ☐ Addition ☐ Delete TITLE TITLE MARCELIN, LUIS JR. NAME NAME STREET ADDRESS STREET ADDRESS 2781 NW 104TH COURT CITY-ST-ZIP CITY-ST-ZIP MIAM! FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IF CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information temestial 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 or of 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 or of 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 indicated on this report or supp of the corporation or the receichanged, or on an attachmen