

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 588987

1. Entity Name

MARTICORENA CREATIONS, INC.

FILED
Feb 22, 2000 8:00 am
Secretary of State

02-22-2000 90014 037 ***150.00

Principal Place of Business

Mailing Address

6700 46TH AVENUE NORTH
ST. PETERSBURG FL 33709

6700 46TH AVENUE NORTH
ST. PETERSBURG FL 33709-4704

80023914



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

300 MONROE

Suite, Apt. #, etc.

3. Mailing Address

300 MONROE

Suite, Apt. #, etc.

City & State

DUNEDEN FL

Zip

Country

FLORIDA

City & State

DUNEDEN FL

Zip

Country

FLORIDA

4. FEI Number

59-1858217

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARTICORENA, GASTON
6700 46TH AVENUE NORTH
ST. PETERSBURG FL

Name

SAME (GASTON MARTICORENA)

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

302 MONROE

City

DUNEDEN

FL

Zip Code
34698

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

Gaston Marticorena GASTON MARTICORENA

2/16/2000

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)

☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME MARTICORENA, GASTON
STREET ADDRESS 6700 46TH AVENUE NORTH
CITY-ST-ZIP ST. PETERSBURG FL

☐ Delete

TITLE PD
NAME MARTICORENA, GASTON
STREET ADDRESS 302 MONROE
CITY-ST-ZIP DUNEDEN, FL

☒ Change ☐ Addition

TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition

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

Gaston Marticorena Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/2000 727-992-4752
Date Daytime Phone #

CR2E034 (9/99)