

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2002 8:00 am
Secretary of State

03-07-2002 90049 028 ***158.75

NOTARIZE
AV

DOCUMENT # J88595

1. Entity Name
MARQUETTE REALTY, INC.

Principal Place of Business
5601 NORTH DIXIE HWY., STE 420
FT. LAUDERDALE FL 33334
US

Mailing Address
11880 BIRD AVE
#201
MIAMI FL 33175
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5601 North Dixie Highway
Suite, Apt. #, etc.
Suite 420

3. Mailing Address
5601 North Dixie Highway
Suite, Apt. #, etc.
Suite 420

City & State
Ft. Lauderdale, FL

City & State
Ft. Lauderdale, FL

Zip
33334

Country
USA

Zip
33334

Country
USA

4. FEI Number **59-2841478**

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MUDD, JOHN
~~**5601 NORTH DIXIE HWY., STE 420**~~
~~**FT. LAUDERDALE FL 33334**~~

7. Name and Address of New Registered Agent

Name
MUDD, JOHN

Street Address (P.O. Box Number is Not Acceptable)
5601 North Dixie Highway
Suite 420

City
Ft. Lauderdale

State
FL

Zip Code
33334

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)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	PD MUDD, JOHN 11880 S.W. 40TH STREET, #405 MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DIAZ, MAYRA 11880 S.W. 40TH STREET, #405 MIAMI FL 33175	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS PORTAL, ANA 11880 S.W. 40TH STREET, #405 MIAMI FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MIRANDA, ELDA 11880 S.W. 40TH STREET, #405 MIAMI FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LINCOLN, TIMOTHY 11880 BIRD ROAD #405 MIAMI FL 33175	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5601 North Dixie Highway, #420 Ft. Lauderdale, FL 33334
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VPD, S DIAZ, MAYRA 5601 North Dixie Highway, #420 Ft. Lauderdale, FL 33334
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5601 North Dixie Highway, #420 Ft. Lauderdale, FL 33334
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Mayra Diaz 2/13/02 (954) 202-1998
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)