

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90220 034 ***150.00

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DOCUMENT # K01499

1. Entity Name
MAURELL CORPORATION.



Principal Place of Business
**11011 INDIAN OAKS DR
TAMPA FL 33625**

Mailing Address
**11011 INDIAN OAKS DR
TAMPA FL 33625**



2. Principal Place of Business
12409 Kiwi Ave
Suite, Apt. #, etc.

3. Mailing Address
12409 Kiwi Ave
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Tampa, FL
Zip
33625 Country
U.S.A.

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Tampa, FL
Zip
33625 Country
U.S.A.

4. FEI Number **59-2856882**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MAURELL, RAFAEL
11011 INDIAN OAKS DR
TAMPA FL 33625**

7. Name and Address of New Registered Agent

Name **MAURELL, RAFAEL**
Street Address (P.O. Box Number is Not Acceptable)
12409 Kiwi Ave.
City **Tampa** FL Zip Code **33625**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Rafael Maurell**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-8-03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing: ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **MAURELL, RAFAEL**
STREET ADDRESS **11011 INDIAN OAKS DR**
CITY-ST-ZIP **TAMPA FL 33625**

TITLE **D** ☒ Change ☐ Addition
NAME **MAURELL, RAFAEL**
STREET ADDRESS **12409 Kiwi Ave.**
CITY-ST-ZIP **TAMPA, FL 33625**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Rafael Maurell**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-03 (813)962-2631

Date

Daytime Phone #

CR2E034 (10/02)