**FILED** 

## 2001 UNIFORM BUSINESS REPORT (UBR)

## Jan 29, 2001 8:00 am **DOCUMENT # K62963 Secretary of State** JOSEPH MARFISI, D.C., P.A. 01-29-2001 90040 048 \*\*\*150.00 Principal Place of Business Mailing Address 2050 WEST 56TH STREET 2050 WEST 56TH STREET 00003503 BAY #15 BAY #15 HIALEAH FL 33016 HIALEAH FL 33016 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0098351 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name\_\_\_ بالمحصد بالإيسسويات MARFISI, JOSEPH Street Address (P.O. Box Number is Not Acceptable) 2050 WEST 56TH STREET BAY #15 HIALEAH FL 33016 City Zip Code FL 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. DPT Change TITLE ☐ Delete TITLE MARFISI , JOSEPH 2050 West 56th 57, #15 NAME MARFISI, JOSEPH NAME STREET ADDRESS STREET ADDRESS 16042 NW 83RD CT CITY-ST-ZIP Haleah, FL 33016 CITY-ST-7IP MIAMI LAKES FL **Change** ☐ Delete Addition TITLE TITLE MARFISI, YANET NAME MARFISI, YANET NAME 2050 West 56th st., #15 STREET ADDRESS STREET ADDRESS 16042 NW 83RD COURT CITY-ST-7IP Haleah, FL 33016 CITY-ST-71P MIAMI LAKES FL ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Addition ☐ Change TITLE ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS 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 of 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 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 changed, or on an attachment with an appears, with all other like empowered.

SIGNATURE:

JOSEPH MARPISI

01/19/200

305-827-1200

Daytime Phone #