

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90017 018 ***150.00

DOCUMENT # L00121

1. Entity Name

ETURA & MARCON, INC.

Principal Place of Business

Mailing Address

~~600 N.E. 36TH STREET~~

~~600 N.E. 36TH STREET~~

~~APT. T-21~~

~~APT. T-21~~

~~MIAMI FL 33137-3945~~

~~MIAMI FL 33137-3945~~

~~US~~

~~US~~

2. Principal Place of Business

126 N E 1ST STREET

Suite, Apt. #, etc.

3. Mailing Address

126 N E 1ST STREET

Suite, Apt. #, etc.

City & State

MIAMI FLORIDA

City & State

MIAMI FLORIDA

Zip

33132

Country

USA

Zip

33132

Country

USA

4. FEI Number

65-0129743

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

PERDOMO, MILLIE

231 ALTARA AVE

SUITE 705

CORAL GABLES FL 33146

Name

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

City

FL

Zip Code

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, 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 ETURA, ALDO
STREET ADDRESS 600 N.E. 36TH STREET, APT. T-21
CITY-ST-ZIP MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD
NAME MARCON DE ETURA, MIRTA BEATRIZ
STREET ADDRESS 600 N.E. 36TH STREET, APT. T-21
CITY-ST-ZIP MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME ~~ETURA MARCON, PABIANA PATRIC~~
STREET ADDRESS ~~600 N.E. 36TH STREET, APT. T-21~~
CITY-ST-ZIP ~~MIAMI FL~~

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME ~~ETURA MARCON, NATALIA CAROL~~
STREET ADDRESS ~~600 N.E. 36TH STREET, APT. T-21~~
CITY-ST-ZIP ~~MIAMI FL~~

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME ~~ETURA MARCON, ALDO MAURO MAX~~
STREET ADDRESS ~~600 N.E. 36TH STREET, APT. T-21~~
CITY-ST-ZIP ~~MIAMI FL~~

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME ~~ETURA MARCON, MARIA FERNANDA~~
STREET ADDRESS ~~600 N.E. 36TH STREET, APT. T-21~~
CITY-ST-ZIP ~~MIAMI FL~~

TITLE
NAME
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 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:

ALDO ETURA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04- -00 (305) 358-8866

Date

Daytime Phone #

CR2E034 (9/99)