

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000005405

1. Entity Name

MARCA'S ARCHITECTURE, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP 13 AM 10: 02

Principal Place of Business

1900 NORTH 53RD AVENUE
HOLLYWOOD FL 33021

Mailing Address

1900 NORTH 53RD AVENUE
HOLLYWOOD FL 33021

2. Principal Place of Business

8750 Holly Ct.

3. Mailing Address

8750 Holly Ct.

Suite, Apt. #, etc.

102

Suite, Apt. #, etc.

102

City & State

Tamarac FL

City & State

Tamarac FL

4. FEI Number

65-0945346

Applied For

Not Applicable

Zip

33321

Country

Broward

Zip

33321

Country

Broward

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

VALENCIA, MARIA ELENA CASTRO
1900 NORTH 53RD AVENUE
HOLLYWOOD FL 33021

7. Name and Address of New Registered Agent

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

Maria Elena Castro

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

(NOTE: Registered Agent signature required when reinstating)

SEP 6 00

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MANAGERS

TITLE NAME MGR
VALENCIA, MARIA ELENA CASTRO
STREET ADDRESS 1900 NORTH 53RD AVENUE
CITY-ST-ZIP HOLLYWOOD FL 33021

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE NAME MGR
Valencia, Maria Elena Castro
STREET ADDRESS 8750 Holly Ct. # 102
CITY-ST-ZIP Tamarac FL 33321

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
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TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Maria Elena Castro

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

SEP. 6 / 00 954 484 4000

CR2E083 (5/00)