FILED

2002 UNIFORM BUSINESS REPORT (UBR)

of the corporation or the receiver or trust

changed, or on an attachment with an

SIGNATURE:

empow

Feb 24, 2002 8:00 am \$ Secretary of State DOCUMENT # M96926 1. Entity Name 02-24-2002 90009 029 ***150.00 MURIEL CORPORATION -Principal Place of Business Mailing Address % CLINTON JE TARKOE % CLINTON M TARKOE 4840 NE 28TH AVE 4840 NE 297FI AVE **FI LAUDERDALE FL 33309** FT_MUDERDALE FL 33309 3. Mailing Address DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 98-0060275 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent TARKOE, CONTON M Street Address (P.O. Box Number 1 Not Acceptable 4840 NE 28TN AVE FT. LAUDERDALL Zip Code 8: The above named entity sulfin statement for the purpo of changing its registered office or registered agent, or both, in the State of Florida ent signature required when reinstating FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its 10. Election Campaign Financing **\$5.00** May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (9/01) Change ☐ Addition TITLE TITI F ☐ Delete KRIETE, GERARDO ANTONIO NAME NAME STREET ADDRESS 3755 AMRUTH DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MOBILE AL ☐ Delete TITLE TITLE 30 Moreno PT RD #205B DESTIN, FL 3254 FOSTER, CLIFFORD III NAME NAME STREET STREET ADDRESS 3755 AMRUTH-DR-MOBILE AL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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 the and accurate and that my signature shall have the same legal effect as if made under outperformance or director. ue and accurate and that my signature shall have the same legal effect as if made under oat eled to execute his report as required by Chapter 607, Florida Statutes; and that my name a n officer or director