

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000005625

1. Entity Name

MARIALA, INC.

FILED
Jan 18, 2001 8:00 am
Secretary of State

01-18-2001 90016 030 ***61.25

0053941

Principal Place of Business

1010 SOUTH "N" STREET
LAKE WORTH FL 33460

Mailing Address

1010 SOUTH "N" STREET
LAKE WORTH FL 33460

603921



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0631256

Applied For

Not Applicable

Zip

Country

Zip

Country

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

RUUHALA, KAREN
1010 S. N. ST.
APT. 204
LAKE WORTH FL 33460

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | RUUHALA, KAREN | |
| STREET ADDRESS | 1010 S. N. ST., APT. 204 | |
| CITY-ST-ZIP | LAKE WORTH FL 33460 | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | RUUHALA, RAY K | |
| STREET ADDRESS | 1010 S. N. ST., APT. 204 | |
| CITY-ST-ZIP | LAKE WORTH FL 33460 | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | GUZMAN, JACY R | |
| STREET ADDRESS | 212 DARTMOUTH DR. | |
| CITY-ST-ZIP | LAKE WORTH FL 33460 | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | RUUHALA, ERIN | |
| STREET ADDRESS | 1010 S N ST #204 | |
| CITY-ST-ZIP | LAKE WORTH FL 33460 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|-----------------------|--|
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 1010 S. N. ST Apt 104 | |
| STREET ADDRESS | LAKE WORTH FL 33460 | |
| CITY-ST-ZIP | | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 1010 S. N. ST Apt 104 | |
| STREET ADDRESS | LAKE WORTH FL 33460 | |
| CITY-ST-ZIP | | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 1010 S. N. ST Apt 104 | |
| STREET ADDRESS | LAKE WORTH FL 33460 | |
| CITY-ST-ZIP | | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 1010 S. N. ST Apt 103 | |
| STREET ADDRESS | LAKE WORTH FL 33460 | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| 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 617, 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/01

561-588-7753

CR2E037 (10/00)