

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 09, 2003 8:00 am**  
**Secretary of State**

04-09-2003 90111 045 \*\*\*150.00

0220221 AV

DOCUMENT # P00000014267



1. Entity Name  
MARILEX, INC.

Principal Place of Business  
% ROZENCWAIG & GRANOFF  
1 S.E. 3RD AVE., STE. #960  
MIAMI FL 33131

Mailing Address  
% ROZENCWAIG & GRANOFF  
1 S.E. 3RD AVE., STE. #960  
MIAMI FL 33131



2. Principal Place of Business  
16542 N.W. 82ND PLACE

3. Mailing Address  
16542 N.W. 82ND PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
Miami FLA

City & State  
Miami FLA

4. FEI Number 65-0985864

Applied For  
 Not Applicable

Zip 33016 Country USA

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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

PENA, SATUMINO  
16542 NW 82 PLACE  
MIAMI FL 33016

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	PENA, SATURNINO	
STREET ADDRESS	16542 N.W. 82ND PLACE	
CITY-ST-ZIP	MIAMI FL 33016	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	PENA, MARIA M	
STREET ADDRESS	16542 N.W. 82ND PLACE	
CITY-ST-ZIP	MIAMI FL 33016	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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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 607, 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: Saturnino Pena SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/05/23 Date

Daytime Phone #

CR2E034 (10/02)