

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

**FILED**  
**Aug 25, 2002 8:00 am**  
**Secretary of State**

08-25-2002 90217 013 \*\*\*150.00

DOCUMENT # **P00000014313**

1. Entity Name

**MARCELO CAMPOS CORPORATION**

**DO NOT WRITE IN THIS SPACE**

**677238**

2. Principal Place of Business

**5055 WILES RD-#201**

3. Mailing Address

**SAVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**COCONUT CREEK, FL**

City & State

4. FEI Number

**68-0988190**

Applied For

Not Applicable

Zip

**33673**

Country

Zip

Country

5. Certificate of Status Desired

☐

**\$8.75 Additional**

**Fee Required**

7. Name and Address of Current Registered Agent

Name

**MARCELO CAMPOS**

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

**5055 WILES RD-#201**

City

**COCONUT CREEK**

FL

Zip Code

**33673**

**DO NOT WRITE  
IN THIS SPACE**

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) ☐

**January 1 - May 1. Fee is \$150.00**

**After May 1. Fee is \$550.00**

**Amended UBR is \$61.25**

**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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**MARCELO CAMPOS**  
**5055 WILES RD-#201**  
**COCONUT CREEK, FL**

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**08/20/02 (554) 971-8712**

Date

Daytime Phone #

CR2F034B (12/01)

# Attachment

SCOTT H. LUTWAK, C.P.A.  
*Certified Public Accountant*  
1191 E. NEWPORT CENTER DRIVE - SUITE 208  
DEERFIELD BEACH, FL 33442  
(954) 426-4480

August 20, 2002

Depart of State  
Division of Corporations  
P.O.Box 1500  
Tallahassee, FL 32302-1500

Re: Marcelo Campos Corporation  
Doc.No. P00000014313

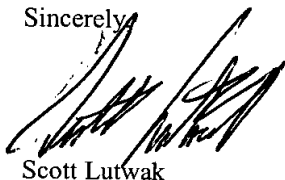
Gentlemen:

Enclosed herewith please find a check in the amount of \$150 for the registration fee for the above-referenced corporation.

Please be advised that the corporation changed its mailing address in December, and did not place a forwarding address with the post office. As a result, they did not receive their UBR, and did not file it on time.

We ask that you accept this as an original filing and not penalize the corporation.

Sincerely,



Scott Lutwak