

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000050592**

1. Entity Name

MARC REAL ESTATE INVESTMENTS, CORP.FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 SEP 28 AM 9:31

Principal Place of Business

~~6445 WEST 24TH AVENUE
#35
HIALEAH FL 33018~~

Mailing Address

~~6445 WEST 24TH AVENUE
#35
HIALEAH FL 33018~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1779 W 37 ST #5

Suite, Apt. #, etc.

#5

3. Mailing Address

1779 W 37 ST

Suite, Apt. #, etc.

#5

City & State

Hialeah

City & State

Hialeah

4. FEI Number

65-1009240

Applied For

Not Applicable

Zip

33012

Country

USA

Zip

33012

Country

USA5. 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

Name

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

City

FL

Zip Code

MORALES, MARIANO C~~6445 WEST 24TH AVENUE~~**1779 W 37 ST #5**~~#35~~**Hialeah FL 33012**~~HIALEAH FL 33018~~

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) ☐**FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
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	<input type="checkbox"/> Delete
	PSTD			
	MORALES, MARIANO C			
	6445 WEST 24TH AVENUE #35	1779 W 37 ST #5		
	HIALEAH FL 33018	Hialeah FL 33012		
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

NOTE:
ESTOY RECOMENDANDO
CORRESPONDENCIA EN ESTE DIS
PONERSE EN ENVIAR A BPA
DIRECCION VIEJA

SP

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09-13-01

Date

(305) 828-7588

Daytime Phone #

CR2E034 (5/01)