

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90249 020 ***150.00

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DOCUMENT # P00000052557

1. Entity Name
MARCAS INVESTMENTS, CORP.



11

Principal Place of Business
19294 SKY RIDGE CIRCLE
BOCA RATON FL 33489

Mailing Address
19294 SKY RIDGE CIRCLE
BOCA RATON FL 33489



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-1012215

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

TOVAR, ILEANA ARIAS ESQ.
9900 STIRLING ROAD
SUITE 240
COOPER CITY FL 33024

7. Name and Address of New Registered Agent

Name **MARTA RINCON**
Street Address (P.O. Box Number is Not Acceptable) **19294 SKY RIDGE CIRCLE**
City **BOCA RATON** FL Zip Code **33489**

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 *x Marta Rincon*

DATE **4/28/03**

Signature, typed or printed name of registered agent and title if applicable.

(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 ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **PTD DE CASTRO, MARTA RINCON**
STREET ADDRESS **19294 SKY RIDGE CIRCLE**
CITY-ST-ZIP **BOCA RATON FL 33489**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **VPSD CASTRO, FERNANDO**
STREET ADDRESS **19294 SKY RIDGE CIRCLE**
CITY-ST-ZIP **BOCA RATON FL 33489**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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 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: *x [Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **4/28/03** DAYTIME PHONE # **305-374-6962**

CR2E034 (10/02)