

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2002 8:00 am
Secretary of State

04-03-2002 90493 029 ***150.00

DOCUMENT # P00000066198

1. Entity Name
MIAMI MAR INC.

Principal Place of Business
6000 SW 70 STREET
MIAMI FL 33143

Mailing Address
4700 SW 82 STREET
MIAMI FL 33143



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3191 CORAL WAY

Suite, Apt. #, etc.
Suite # 107

City & State
MIAMI FLORIDA

Zip
33145

Country
U.S.A.

3. Mailing Address

1172 S. DIXIE HWY

Suite, Apt. #, etc.
#369

City & State
CORAL GABLES FLORIDA

Zip
33146

Country
U.S.A.

4. FEI Number
65-109328

Applied For
APPLIED FOR

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LUACES, JOAQUIN
7001 S.W. 61 AVENUE
MIAMI FL 33143

Name

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

3191 CORAL WAY

SUITE #107

City

MIAMI

FL

Zip Code

33145

7. Name and Address of New Registered Agent

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

J Luaces **Joaquin Luaces 3/25/02 Director**

Signature of individual 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 \$150.00
After May 1, 2002 Fee will be \$550.00
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
D
NAME
LUACES, JOAQUIN
STREET ADDRESS
4700 S.W. 82ND STREET
CITY-ST-ZIP
MIAMI FL 33143 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
D ☒ Change ☐ Addition
NAME
Luaces, Joaquin
STREET ADDRESS
1172 South Dixie Hwy #369
CITY-ST-ZIP
Coral Gables, FL 33146

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

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

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

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

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

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:

J Luaces **Joaquin Luaces**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/02 (305) 29-8830

Date

Daytime Phone #

CR2E034 (9/01)