FILED
May 09, 2002 8:00 am
Secretary of State
05-09-2002 90013 050 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000085588

1. Entity Name
MARRERO MOYA CORPORATION

DO NOT WRITE IN THIS SPACE

B0093001

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
6941 Sunset Strip			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Sunrise FL		City & State	
Zip: 33313	Country: USA	Zip	Country

4. FEI Number 65-1039833 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: Jorge Marrero
Street Address (P.O. Box Number is Not Acceptable): 6941 Sunset Strip
City: Sunrise FL Zip Code 33313

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	Jorge Marrero Pres. 6941 Sunset Strip Sunrise FL 33313
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Maria Moya Sec 6941 Sunset Strip Sunrise FL 33313
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

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CR2E034B (12/01)

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: X M Moya 4/24/2002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #