

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90233 038 ***150.00

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

DOCUMENT # P00000085588

1. Entity Name

MARRERO MOYA CORPORATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6941 SUNSET STRIP

3. Mailing Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SUNRISE FL

City & State

4. FEI Number

Applied For

Not Applicable

Zip

33313

Country

Broward

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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

**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 date if applicable

(NOTE: Registered Agent signature is required when remaining)

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
JORGE MARRERO
STREET ADDRESS
6941 SUNSET STRIP
CITY-ST-ZIP
SUNRISE FL 33313

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
MARIA MOYA
STREET ADDRESS
6941 SUNSET STRIP
CITY-ST-ZIP
SUNRISE FL 33313

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)