## 2002 UNIFORM BUSINESS REPORT (UBR)

## Mar 28, 2002 8:00 am Secretary of State DOCUMENT # P00000110653 1. Entity Name CHRISTINA ROLLE MARQUEZ, P.A. 03-28-2002 90039 025 \*\*\*150.00 Principal Place of Business Mailing Address 407 LINCOLN ROAD 407 LINCOLN ROAD STF 708 STE. 708 MIAMI BEACH FL 33139 MIAMI BEACH FL 33139 2. Principal Place of Busin 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1089690 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MARQUEZ, CHRISTINA A Street Address (P.O. Box Number is Not Acceptable) **407 LINCOLN ROAD** STE. 708 MIAMI BEACH FL 33139 City Zip Code FL 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. This corporation is eligible to satisfy its Intangible = FILE NOW!!! FEE IS \$150.00-10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition MARQUEZ, CHRISTINA A NAME NAME 407 LINCOLN ROAD, STE. 708 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI BEACH FL 33139 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY ST-ZIF CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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)(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 SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #