

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000113633

1. Entity Name
MARIFEL FASHION, CO. INC.

Principal Place of Business
6039 COLLINS AVE #PH 11
MIAMI BEACH FL 33140

Mailing Address
6039 COLLINS AVE #PH 11
MIAMI BEACH FL 33140

2. Principal Place of Business
335 Ocean Dr. # 100
Suite, Apt. #, etc.
Miami Beach, Fl. 33139

3. Mailing Address
1691 N.E. 123st. St.
Suite, Apt. #, etc.

City & State

City & State
N. Miami, Fl.

4. FEI Number
65-1084074

Applied For
Not Applicable

Zip Country

Zip Country
33181

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

6. Name and Address of Current Registered Agent

FERNANDEZ, NORMA I
6039 COLLINS AVE #PH 11
MIAMI BEACH FL 33140

7. Name and Address of New Registered Agent

Name
Fernandez, Norma I.
Street Address (P.O. Box Number is Not Acceptable)
1691 N.E. 123st. St.
City
North Miami FL Zip Code
33181

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

(NOTE: Registered Agent signature required when reinstating)

100004741391--8
-12/27/01--01047--011
***750.00 ***750.00

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
FERNANDEZ, NORMA I
6039 COLLINS AVE #PH 11
MIAMI BEACH FL 33140 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D AMBROSIO, RUBEN M
6039 COLLINS AVE #PH 11
MIAMI BEACH FL 33140 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Fernandez, Norma I, (President)
1691 N.E. 123st. St.
N. Miami, Fl. 33181 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Ambrosio, Ruben M.
(SECRETARY) ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Correa, Juan
(V. PRESIDENT)
335 Ocean Dr. # 100, M.B. Fl. 33139 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Pinango, Martha (Treasurer)
9123 SW. 38 St.
Miami, Fl. 33165 ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/22/2001 (305) 893-2670

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

01 DEC 14 PM 2:32



REINSTATEMENT
DO NOT WRITE IN THIS SPACE

0041703 AV

CR2E034 (5/01)