

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

0183626 AV

04-02-2002 90078 032 ***158.75

DOCUMENT # P01000029853

1. Entity Name

MARMONIX INC.

Principal Place of Business

**8614 NW 70 ST.
 MIAMI FL 33166**

Mailing Address

**1291-A SOUTH POWER LINE ROAD
 PMB #235
 POMPAÑO BEACH FL 33069**

2. Principal Place of Business

3395 N. Dixie Hwy.

3. Mailing Address

3395 Dixie Hwy.

Suite, Apt. #, etc.

***A-10**

Suite, Apt. #, etc.

***A-10**

City & State

BOCA RATON FL.

City & State

BOCA RATON FL.

Zip

33431

Country

USA

Zip

33431

Country

USA

4. FEI Number

65-1085644

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**COLMENARES, OSCAR
 8614 NW 70 ST.
 MIAMI FL 33166**

7. Name and Address of New Registered Agent

Name **Carlos J. Quer**

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

4883 S. Citation Dr.

***206**

City

DelRay Beach

FL

Zip Code

33445

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]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

03-25-02

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** ☒ Delete
 NAME **COLMENARES, OSCAR**
 STREET ADDRESS **8614 NW 70 ST.**
 CITY-ST-ZIP **MIAMI FL 33166**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D/P/S** ☒ Change ☐ Addition
 NAME **Quer, Carlos J.**
 STREET ADDRESS **4883 S. Citation Dr.**
 CITY-ST-ZIP **DelRay Beach - FL. 33445**

TITLE **D/V** ☐ Change ☒ Addition
 NAME **Quer, Juan**
 STREET ADDRESS **491 Cypress Reach Ct #206**
 CITY-ST-ZIP **Pompano Beach. FL. 33069**

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

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

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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

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] **REQUIRED Carlos J. Quer**

03-25-02

(561) 362 6114

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)