

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State
 05-08-2002 90096 048 ***150.00

0270965 AV

DOCUMENT # P01000050426

1. Entity Name
MARQUEZ, INC.

Principal Place of Business

10839 S.W. 88 ST. #255
MIAMI FL 33176

Mailing Address

10839 S.W. 88 ST. #255
MIAMI FL 33176

2. Principal Place of Business

10825 SW 86 ST

3. Mailing Address

10825 SW 86 ST

Suite, Apt. #, etc.

10

Suite, Apt. #, etc.

10

City & State

Miami Fl

City & State

Miami Fl

Zip

33173

Country

USA

Zip

33173

Country

USA

4. FEI Number

02-0584524

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, JUAN CARLOS
10839 S.W. 88 ST. #255
MIAMI FL 33176

7. Name and Address of New Registered Agent

Name

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

10825 SW 86 ST #10

City

Miami

FL

Zip Code

33173

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)

☒

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 **DP** ☐ Delete
NAME **RODRIGUEZ, JUAN CARLOS**
STREET ADDRESS **10839 S.W. 88 ST. #255**
CITY-ST-ZIP **MIAMI FL 33176**

TITLE **DVP** ☐ Delete
NAME **RODRIGUEZ, ANA MARIA**
STREET ADDRESS **10839 S.W. 88 ST. #255**
CITY-ST-ZIP **MIAMI FL 33176**

TITLE **DT** ☐ Delete
NAME **RODRIGUEZ, FRANCO**
STREET ADDRESS **10839 S.W. 88 ST. #255**
CITY-ST-ZIP **MIAMI FL 33176**

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☐ Change ☒ Addition
NAME **SECRETARY**
STREET ADDRESS **JUAN B. RODRIGUEZ**
CITY-ST-ZIP **10825 SW 88 ST #10**
MIAMI FL 33176

TITLE ☐ Change ☒ Addition
NAME **DIRECTOR**
STREET ADDRESS **ANA MARQUEZ**
CITY-ST-ZIP **10825 SW 88 ST #10**
MIAMI FL 33176

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
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

Date

Daytime Phone #

CR2E034 (9/01)