

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

0270965
 AV

DOCUMENT # P01000050426

1. Entity Name
MARQUEZ, INC.

05-08-2002 90096 048 ***150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business 10839 S.W. 88 ST. #255 MIAMI FL 33176	Mailing Address 10839 S.W. 88 ST. #255 MIAMI FL 33176
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2. Principal Place of Business 10825 SW 86 ST Suite, Apt. #, etc. 10	3. Mailing Address 10825 SW 86 ST Suite, Apt. #, etc. 10
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City & State Miami Fla	City & State Miami Fla	4. FEI Number 02-0584524	Applied For <input type="checkbox"/> Not Applicable
Zip 33173	Country USA	5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	<input type="checkbox"/> Delete
NAME RODRIGUEZ, JUAN CARLOS	
STREET ADDRESS 10839 S.W. 88 ST. #255	
CITY-ST-ZIP MIAMI FL 33176	
TITLE DVP	<input type="checkbox"/> Delete
NAME RODRIGUEZ, ANA MARIA	
STREET ADDRESS 10839 S.W. 88 ST. #255	
CITY-ST-ZIP MIAMI FL 33176	
TITLE DT	<input type="checkbox"/> Delete
NAME RODRIGUEZ, FRANCO	
STREET ADDRESS 10839 S.W. 88 ST. #255	
CITY-ST-ZIP MIAMI FL 33176	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Juan B. Rodriguez **President** 4-50-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)