

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90181 011 ***150.00

DOCUMENT # P01000070404

1. Entity Name
CARLOS A. MARIN, P.A.

Principal Place of Business
255 ALHAMBRA CIRCLE STE 701
CORAL GABLES FL 33134

Mailing Address
255 ALHAMBRA CIRCLE STE 701
CORAL GABLES FL 33134



2. Principal Place of Business
255 Alhambra Circle

Suite, Apt. #, etc.
705

City & State
Coral Gables, FL

Zip
33134

Country
U.S.A.

3. Mailing Address
255 Alhambra Circle

Suite, Apt. #, etc.
705

City & State
Coral Gables, FL

Zip
33134

Country
U.S.A.

4. FEI Number
65-1115034

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MARIN, CARLOS A
255 ALHAMBRA CIRCLE STE 701
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name
Carlos A. Marin (Same as before)
 Street Address (P.O. Box Number is Not Acceptable)
3100 SW 97 Avenue
 City **Miami** FL Zip Code **33165**

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 _____ (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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
DPST
MARIN, CARLOS A
3100 SW 97 AVE
MIAMI FL 33165 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
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 CITY-ST-ZIP ☐ Delete

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TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
 NAME
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 CITY-ST-ZIP ☐ Change ☒ Addition

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 CITY-ST-ZIP ☐ 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: **Carlos A. Marin**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/02 (305)448-0511
 Date Daytime Phone #

CR2E034 (9/01)