

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 11, 2003 8:00 am**  
**Secretary of State**

09-11-2003 90090 023 \*\*\*150.00

0042308 AV

**DOCUMENT # P01000070404**

1. Entity Name

**CARLOS A. MARIN, P.A.**



Principal Place of Business

**255 ALHAMBRA CIRCLE STE 705  
CORAL GABLES FL 33134**

Mailing Address

**255 ALHAMBRA CIRCLE STE 705  
CORAL GABLES FL 33134**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-1115034**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**MARIN, CARLOS A  
3100 SW 97 AVE.  
MIAMI FL 33165**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**

**After September 10, 2003 Fee will be \$750.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

**SIGNATURE CARLOS A. MARIN**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9/04/03**

**305-448-0511**

Date

Daytime Phone #

CR2E034 (4/03)

*Attachment*  
**MARIN**  
A PROFESSIONAL ASSOCIATION  
ATTORNEYS AT LAW

80146978  
#P01000070404

255 ALHAMBRA CIRCLE, SUITE 705  
CORAL GABLES, FLORIDA 33134

TELEPHONE: (305) 448-0511  
FACSIMILE: (305) 448-3959  
CAMARIN@MARIN-LAW.NET

September 4, 2003

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500


Re: MARIN, P.A.  
FEI # 65-1115034

Dear Sir or Madam:

This letter is to kindly request the waiver of the \$400.00 late fee due with the enclosed filing as our office never received a prior notice.

Thank you for your favorable consideration. If you have any comments or questions, please contact me at the numbers indicated above.

Yours truly,



Carlos A. Marin, Esq.  
President