

2002 UNIFORM BUSINESS REPORT (UBR)DOCUMENT # **P01000070913**1. Entity Name
MARXOSS ENTERPRISES, INC.**FILED**
Aug 11, 2002 8:00 am
Secretary of State

08-11-2002 90164 004 ***550.00

0263542
AV

Principal Place of Business

6955 NW 52ND STREET
SUITE 202
MIAMI FL 33166

Mailing Address

6955 NW 52ND STREET
SUITE 202
MIAMI FL 33166

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

231 NW 109th Ave

Suite, Apt. #, etc.

#208

City & State
MIAMI FLAZip Country
33172 USA

3. Mailing Address

231 NW 109th Ave

Suite, Apt. #, etc.

#208

City & State
MIAMI FLZip Country
33172 USA

4. FEI Number

65-1122211

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VIVES, PATRICK
700 E. DANIA BEACH BLVD.
SUITE 202
DANIA FL 33004

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.

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME PD
STREET ADDRESS MONJE, MARTHA
CITY-ST-ZIP 6955 NW 52ND STREET
MIAMI FL 33166 ☐ DeleteTITLE
NAME PD
STREET ADDRESS MONJE, MARTA
CITY-ST-ZIP 231 NW 109th Ave #208
MIAMI - FL - 33172 ☐ DeleteTITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Change ☐ Addition
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:

W. J. TUR MONTA MONJE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/1/02 305552 1162

CR2E034 (9/01)