

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

**FILED**  
**May 09, 2002 8:00 am**  
**Secretary of State**

05-09-2002 90034 015 \*\*\*150.00

DOCUMENT # P01000080817

1. Entity Name

MARULE DEVELOPMENT GROUP INC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

132 SW 128th ST

3. Mailing Address

SALE

Suite, Apt. #, etc.

BLDG G.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

Zip

33186

Country

Zip

Country

4. FEI Number

65-1138184

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

MANUEL O. QUINTANA

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

15444 SW 138th PL

City

MIAMI

FL

Zip Code

33177

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	P
NAME	MANUEL O. QUINTANA
STREET ADDRESS	15444 SW 138th PL
CITY-ST-ZIP	MIAMI FL 33177
TITLE	VIP/S
NAME	RUBEN MARCANO
STREET ADDRESS	10227 NW 9th ST #203
CITY-ST-ZIP	MIAMI FL 33172
TITLE	VIP/T
NAME	LEOPOLDO BELLON
STREET ADDRESS	13200 SW 128th ST. BLDG G
CITY-ST-ZIP	MIAMI FL 33186
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MANUEL O.

QUINTANA

04/29/02 (305) 256 2828

Date

Daytime Phone #