

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91180 026 ***150.00

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DOCUMENT # P01000081684

1. Entity Name
MARCEL INVESTMENTS, INC.



Principal Place of Business
**2655 COLLINS AVENUE SUITE 2202
MIAMI BEACH FL 33140**

Mailing Address
**2655 COLLINS AVENUE SUITE 2202
MIAMI BEACH FL 33140**

2. Principal Place of Business
5333 Collins Ave.

3. Mailing Address
5333 Collins Ave.

Suite, Apt. #, etc.
1408

Suite, Apt. #, etc.
1408

City & State
Miami Beach, Fl.

City & State
Miami Beach, Fl.

Zip Country
33140 U.S.A.

Zip Country
33140 U.S.A.

4. FEI Number **65-1138828**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SKRLD, INC.
201 ALHAMBRA CIRCLE SUITE 1102
CORAL GABLES FL 33134**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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 **PTD** ☐ Delete
NAME **URIBARRI, JUAN C**
STREET ADDRESS **116917 NW 83RD PLACE**
CITY-ST-ZIP **MIAMI LAKES FL 33016**

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

TITLE **VSD** ☐ Delete
NAME **URIBARRI, MAGALI C**
STREET ADDRESS **2655 COLLINS AVENUE SUITE 2202**
CITY-ST-ZIP **MIAMI BEACH FL 33140**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **5333 Collins Ave. No. 1408**
CITY-ST-ZIP **Miami Beach, FL. 33140**

TITLE **VD** ☐ Delete
NAME **NEGRIN, MARIA E**
STREET ADDRESS **5333 COLLINS AVE #1406**
CITY-ST-ZIP **MIAMI FL 33140**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

MAGALI C. URIBARRI

4/28/03 786-367-7144

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)