

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

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91332 007 ***150.00

DOCUMENT # *P01000085626*

1. Entity Name

Marli Productions Corporation

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5830 S.W. 8 St

3. Mailing Address

5830 S.W. 8 St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

85-1154850

Applied For

Not Applicable

Zip

Country

33144

USA

Zip

Country

33144

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Filings, Inc.

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

3732 N.W. 16 St

City

Fort Lauderdale FL

Zip Code

33311

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
NAME
STREET ADDRESS
CITY-ST-ZIP
*President
Hugo Beltran
5830 S.W. 8 St, Miami, FL
33144*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*Vice-President
Mario Beltran
5830 S.W. 8 St, Miami
33144*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*Manager
Luis Beltran
5830 S.W. 8 St, Miami
33144*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-02 (305) 321-1273

Date

Daytime Phone #

CR2E034B (12/01)