

FILED
Aug 01, 2002 8:00 am
Secretary of State

08-01-2002 90164 014 ***558.75

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **PO1000086861**

1. Entity Name

MARMEL INVESTMENTS INC. ✓

DO NOT WRITE IN THIS SPACE

B0133187

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2019 HARRISON ST

3. Mailing Address

2100 N. OCEAN Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hollywood FL

City & State

FT LAUDERDALE

4. FEI Number

65-1135458

Applied For
Not Applicable

Zip

33019

Country

USA

Zip

33305

Country

USA

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name **FINANCIAL Foundations INC**

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

3150 SANDY Ledge DR

City

Clearwater

FL

Zip

33761

**DO NOT WRITE
IN THIS SPACE**

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 relocating)

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 **PRESIDENT**
NAME **MARIO SOPENA**
STREET ADDRESS **2100 N. OCEAN Blvd 2801**
CITY-ST-ZIP **FT LAUDERDALE 33305**

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this report or supplement to 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 or without like empowered.

SIGNATURE:

MARIO SOPENA

7/29/02

954 605-6940

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)