2003

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 91526 028 ***158.75

DOCUMENT # P01000105449

1. Entity Name

MARCO POLO CUTS, INC.

DO NOT WRITE IN THIS SPACE

10090519

2. Principal Place of Business	3. Mailing Address
7930 NW 36 STREET	5570 NW 107th AVENUE
Suite, Apt. #, etc.: UNIT 19	Suite, Apt. #, etc.: UNIT 907
City & State: MIAMI-FLORIDA	City & State: MIAMI FLORIDA
Zip: 33166-6604 Country: MIAMI-DADE	Zip: 33178 Country: MIAMI-DADE

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1150312

5. Certificate of Status Desired: XX $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: POLICARPO CERON

Street Address (P.O. Box Number is Not Acceptable): 7930 NW 36th STREET UNIT 19

City: MIAMI FL Zip Code: 33166-6604

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: POLICARPO CERON APRIL-28-2003

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 Fee

11. OFFICERS AND DIRECTORS

TITLE	P
NAME	POLICARPO CERON
STREET ADDRESS	5570 NW 107th AVE UNIT 907
CITY-ST-ZIP	MIAMI-FLORIDA 33178
TITLE	VP
NAME	LUZ MARINA CEPEDA
STREET ADDRESS	5570 NW 107th AVENUE UNIT 907
CITY-ST-ZIP	MIAMI FLORIDA 33178
TITLE	S
NAME	DIANA P. CERON
STREET ADDRESS	5570 NW 107th AVENUE UNIT 907
CITY-ST-ZIP	MIAMI-FLORIDA 33178
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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)(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 in an attachment with an address, with all other like empowered.

SIGNATURE: POLICARPO CERON-PRES 4/28/2003 305-531-0046

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #