

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

09-11-2003 50096 043 ***550.00
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DOCUMENT # P02000004852

1. Entity Name
MAR - LEN EMBROIDER & DESIGN, INC.



FILED

03 SEP 29 PM 5:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
14840 DADE PINE AVE
MIAMI LAKES FL 33014
*7725 W 26th Ave
Bay # 3
Hialeah FL 33016*

Mailing Address
14840 DADE PINE AVE
MIAMI LAKES FL 33014

2. Principal Place of Business
7725 W. 26th Ave

3. Mailing Address
7725 W 26th Ave

Suite, Apt. #, etc.
Bay # 3

City & State
Hialeah FL

City & State
HIA LEAH FL

Zip
33016

Country
USA

Zip
33016

Country
USA

4. FEI Number
04 558 7296

Applied For
 Not Applicable

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
VENERO, HELEN
14840 DADE PINE AVE.
MIAMI LAKES FL 33014

7. Name and Address of New Registered Agent
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 *Helen Venero* *Helen Venero* *9/10/03*
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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

TITLE	PTD	<input type="checkbox"/> Delete
NAME	GALAN, MARIA ELOINA	
STREET ADDRESS	1333 WEST 49 PLACE #302	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	VENERO, HELEN	
STREET ADDRESS	14840 DADE PINE AVE.	
CITY-ST-ZIP	MIAMI LAKES FL 33014	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *S. Venero (Signature)* *(305) 819-2025*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRF034 (4/03)