

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

09-11-2003 90096 043 \*\*\*550.00  
P02000004852

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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  
Suite, Apt. #, etc. Bay # 3  
Hialeah FL 33016

3. Mailing Address  
7725 W 26th Ave  
Suite, Apt. #, etc. BAY # 3  
Hialeah FL

City & State  
Hialeah FL

City & State  
HIA LEAH FL

4. FEI Number  
043587296

Applied For  
Not Applicable

Zip  
33016

Country  
USA

Zip  
33016

Country  
USA

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

## 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 7/10/03  
Signature, typed or printed name of registered agent and title 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)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date (308) 819-2025  
Daytime Phone #

CR2034 (4/03)