

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0049591
AV

DOCUMENT # P02000027805

1. Entity Name
MARMO BRA CORP.



FILED
03 SEP 30 PM 1:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
6740 NW 37TH AVE
MIAMI FL 33147

Mailing Address
6740 NW 37TH AVE
MIAMI FL 33147



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

02-0609607

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

7. Name and Address of New Registered Agent

BOF, PABLO
27060 HOLLY LN
BONITA FL 34135

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME BOF, PABLO
STREET ADDRESS 27060 HOLLY LN
CITY-ST-ZIP BONITA FL 34135 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME CABANELLA, GUSTAVO
STREET ADDRESS 6740 NW 37TH AVE
CITY-ST-ZIP MIAMI FL 33147 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
000023415430
09/30/03--01006--003 **150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: *Pablo Bof* SIGNATURE REQUIRED *Pablo Bof* *frn.* 9/26/03 305-688-9694

CR2E034 (4/03)

September 26, 2003

**State of Florida Div of Corp
PO Box 6327
Tallahassee, Fl. 32314**

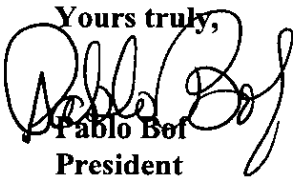
**RE: P02000027805
Marmo Bra, Corp**

To whom it may concern:

Please be advised by this letter that we are in receipt of a renewal from your office as if we did not filed the original renewal. We sent the renewal since Feb. 12th, 2003 along with your fee. Since we did not keep a copy of the original report filed we are sending the last one that you sent us with a new check for \$150.00 so that our corporation remains active.

Thank you in advance for your cooperation.

Yours truly,


**Pablo Bor
President**