

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90183 039 ***150.00

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1. Entity Name
MARVEL TRANSPORT CORP.



Principal Place of Business
5829 N.W. 37 ST.
MIAMI SPRINGS FL 33166

Mailing Address
5829 N.W. 37 ST.
MIAMI SPRINGS FL 33166

2. Principal Place of Business

501 S.E. 2nd STREET
Suite, Apt. #, etc.

3. Mailing Address

501 S.E. 2nd STREET
Suite, Apt. #, etc.

City & State
Hialeah FL

Zip 33010 **Country** U.S.A

City & State
Hialeah FL

Zip 33010 **Country** U.S.A

4. FEI Number
03-0422335

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

TRIGOSO, TAMMY
9071 S.W. 142ND CT.
MIAMI FL 33186

7. Name and Address of New Registered Agent

Name SANDRA GUTIERREZ
Street Address (P.O. Box Number is Not Acceptable)
6939 WEST 24th Ct.
City Hialeah **FL** **Zip Code** 33016

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 SANDRA GUTIERREZ

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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 PD ☐ Delete
NAME TRIGOSO, JOSE A
STREET ADDRESS 5829 N.W. 37 ST.
CITY-ST-ZIP MIAMI SPRINGS FL 33166

TITLE VD ☐ Delete
NAME TRIGOSO, TAMMY
STREET ADDRESS 9071 S.W. 142ND CT.
CITY-ST-ZIP MIAMI FL 33186

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE S/T/D. ☐ Change ☒ Addition
NAME SANDRA GUTIERREZ
STREET ADDRESS 6939 WEST 24th Ct.
CITY-ST-ZIP Hialeah FL 33016

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

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

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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: SANDRA GUTIERREZ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/03 (786) 299-2064
Date Daytime Phone #

CR2E034 (10/02)