

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

02-24-2003 90962 004 ***150.00

DOCUMENT # P02000047781

1. Entity Name

LAW OFFICES OF JOSE C. MARRERO AND ASSOCIATES, P
A.



Principal Place of Business
8360 W. OAKLAND PARK BLVD.,
304
FT. LAUDERDALE FL 33351

Mailing Address
8360 W. OAKLAND PARK BLVD.,
304
FT. LAUDERDALE FL 33351

2. Principal Place of Business

1820 N. Corporate Lakes Blvd.,
Suite, Apt. #, etc.
Suite # 105

City & State
Weston, FL

Zip
33326

Country
U.S.A.

3. Mailing Address

1820 N. Corporate Lakes Blvd.,
Suite, Apt. #, etc.
Suite # 105

City & State
Weston, FL

Zip
33326

Country
U.S.A.



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARRERO, JOSE C ESQ.
8360 W. OAKLAND PARK BLVD.,
SUITE 304
FT. LAUDERDALE FL 33351

7. Name and Address of New Registered Agent

Name
Marrero, Jose C. Esq.
Street Address (P.O. Box Number is Not Acceptable)
Weston Professional Plaza
1820 N. Corporate Lakes Blvd. # 105
City
Weston FL Zip Code
33326

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

1/29/03

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	P	<input type="checkbox"/> Delete
NAME	MARRERO, JOSE C	
STREET ADDRESS	8360 W. OAKLAND PARK BLVD., SUITE 304	
CITY-ST-ZIP	FT. LAUDERDALE FL 33351	
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		
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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	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Marrero, Jose C.	
STREET ADDRESS	1820 N. Corporate Lakes Blvd., #125	
CITY-ST-ZIP	Weston, FL 33326	
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2034 (10/02)