

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 29, 2003 8:00 am**  
**Secretary of State**

04-29-2003 90043 009 \*\*\*150.00

**DOCUMENT # P02000073484**



1. Entity Name  
**MARCELL INVESTMENTS, INC**

Principal Place of Business  
**8756 SW 8TH STREET  
MIAMI FL 33174**

Mailing Address  
**8756 SW 8TH STREET  
MIAMI FL 33174**

60024654



2. Principal Place of Business  
**5455 SW 8th Street**

3. Mailing Address  
**8758 SW 8th Street**

Suite, Apt. #, etc.  
**200**

Suite, Apt. #, etc.

City & State  
**Miami, FL**

City & State  
**Miami, FL**

4. FEI Number

**35-2178491**

Applied For

Not Applicable

Zip  
**33134**

Country  
**USA**

Zip  
**33174**

Country  
**USA**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**BETANCOURT, MARCELL  
13237 SW 10 LANE  
MIAMI FL 33184**

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 \$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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>BETANCOURT, MARCELL</b>	
STREET ADDRESS	<b>13237 SW 10 LANE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33184</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>BETANCOURT, MIGUEL</b>	
STREET ADDRESS	<b>13237 SW 10 LANE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33184</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Miguel Betancourt* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-03

Date

Daytime Phone #

CR2E034 (10/02)