

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 21, 2003 8:00 am
Secretary of State

07-21-2003 90359 008 ***150.00

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DOCUMENT # P02000074722

1. Entity Name

MARIE'S ALTERATIONS, INC.



Principal Place of Business

**7557 WEST OAKLAND PARK BLVD.
LAUDERHILL FL 33319**

Mailing Address

~~**7557 WEST OAKLAND PARK BLVD.
LAUDERHILL FL 33319**~~

2. Principal Place of Business

3. Mailing Address

7300 NW 17TH ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE # 201

City & State

City & State

PLANTATION, FL

Zip

Country

Zip

Country

33313 BROWARD

4. FEI Number

1-D416112

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

GUNPAT, SURESH C

7300 NW 17TH ST., APT. 201

PLANTATION FL 33313

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

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 NAME STREET ADDRESS CITY-ST-ZIP	D GUNPAT, SURESH C 7300 NW 17TH ST., APT. 201 PLANTATION FL 33313	<input type="checkbox"/> Delete
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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

SURESH GUNPAT, 7/18/03 954-797-6708

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)