

2009

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

09 JUN 19 AM 8:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #	PO6000114980
1. Entity Name	EL MARINO INC. 163 NW 14th. ST. MIAMI FL. 33136

DO NOT WRITE IN THIS SPACE

300156573123

05/29/09--01003--005 \*\*150.00

2. Principal Place of Business 163 NW 14th. St. Suite, Apt. #, etc. Miami FL.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip 33136	Country Date

DO NOT WRITE IN THIS SPACE

4. FEI Number 16-1771469	Applied Not Appl
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Add Fee Requi
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## 7. Name and Address of Current Registered Agent

Name <i>Fatima Sharif</i>
Street Address (P.O. Box Number is Not Acceptable) <i>15356 S.W. 21st PL</i>
City <i>MIRAMAR</i>
State <i>FL</i>
Zip Code <i>33027</i>

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May  
Added to I

## 10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>P.O. 317 Fatima Sharif 15356 S.W. 21st PL</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>MIRAMAR FL 33027</i>
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Pres. 4-18-09

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #