

2009

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

AMENDED

DOCUMENT # P08000087586

1. Entity Name

Marlin Restaurant, Inc.

FILED

09 SEP 28 AM 10:39

SEARCHED STATE
INDEXED INDEXED

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
10686 S.W. 186th Ln.
Suite, Apt. #, etc.3. Mailing Address
10686 S.W. 186th Ln.
Suite, Apt. #, etc.City & State
Miami, FL
Zip 33157City & State
Miami, FL
Zip 33157

Country USA

Country USA

4. FEI Number
26-3441791Applied For
Not Applicable5. Certificate of Status Desired \$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
Acosta, Julio G.

Street Address (P.O. Box Number is Not Acceptable)

11280 S.W. 196th St., Apt. A225

City
Cutler Bay
FL Zip Code
33157

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.

9-23-09

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 Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D/P
NAME Acosta, Julio G.
STREET ADDRESS 11280 S.W. 196th St., Apt. A225
CITY - ST - ZIP Cutler Bay, FL 33157TITLE
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE D/T/S
NAME Miranda, Yareida
STREET ADDRESS 11280 S.W. 196th St., Apt. A225
CITY - ST - ZIP Cutler Bay, FL 33157TITLE
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE
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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Julio G. Acosta 9-23-09

305-233-5111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #