

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 26, 2000 8:00 am**  
**Secretary of State**

01-26-2000 90036 006 \*\*\*150.00

**DOCUMENT # P92000013558**

1. Entity Name

**MARY-LU SALES & SERVICES, CORP.**

Principal Place of Business

Mailing Address

~~4265 W 7 LN~~  
~~HIALEAH FL 33012~~

~~4265 W 7 LN~~  
~~HIALEAH FL 33136-1130~~

**7544 SW 166**  
**MIAMI FL 33193**

2. Principal Place of Business

**9901 NW 80 AVE BAYH3R**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**HIALEAH GARDENS FL**

City & State

4. FEI Number

**65-0376053**

Applied For

Not Applicable

Zip

**33016**

Country

**DADE**

Zip

Country

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

**TAPANES, MARICELA L**

~~4265 W 7 LN~~  
~~HIALEAH FL 33012~~

**7544 SW 166 CT**  
**MIAMI FL 33193**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Delete  
 NAME **PD TAPANES, MARICELA L**  
 STREET ADDRESS ~~4265 W 7 LN~~ **7544 SW 166 CT**  
 CITY-ST-ZIP ~~HIALEAH FL 33012~~ **MIAMI FL 33193**

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 CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*[Handwritten Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1/20/00 305-408-6528**