

# 2000 UNIFORM BUSINESS REPORT (UBR)

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FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000014279**

1. Entity Name  
**MARLINS LIQUOR, INC**

Principal Place of Business Mailing Address  
**15321 S.W. 147 TR**  
**Miami, FL 33196** **SANE**

2. Principal Place of Business 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
City & State City & State  
Zip Country Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0390689** Applied For Not Applicable

5. Certificate of Status Desired ☐ --\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**RAUL JR. CHAVEZ**  
**15321 S.W. 147 TR**  
**Miami FL 33196**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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]* (NOTE: Registered Agent signature required when reinstating) DATE:

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**

OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
V.D.	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
RAUL CHAVEZ			NAME		
15321 SW 147 TR			STREET ADDRESS		
Miami, FL 33196			CITY-ST-ZIP		
PD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
CARLOS A MEDINA			NAME		
15321 SW 147 TR			STREET ADDRESS		
Miami FL 33196			CITY-ST-ZIP		
SD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
RONALD MEDINA			NAME		
15321 SW 147 TR			STREET ADDRESS		
Miami FL 33196			CITY-ST-ZIP		
	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
			NAME		
			STREET ADDRESS		
			CITY-ST-ZIP		
	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
			NAME		
			STREET ADDRESS		
			CITY-ST-ZIP		

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: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

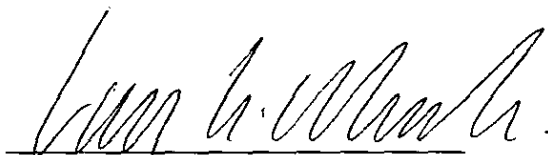
CR2E034 (9/99)

P93000014279

Division of Corporations  
P.O. BOX 6327  
Tallahassee, FL 32314

Per instructions from Division of Corporations, I am attaching a check in the amount of \$150.00 for the annual reports fee with my application.

I also state that I have not received any notice from the Division of Corporations in respect with my corporation **MARLINS LIQUORS, INC.** Thank you for your courtesy in this matter.



**CARLOS A MEDINA**  
**PRESIDENT**