

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000014279

1. Entity Name

MARLINS LIQUOR, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

15321 SW 147 TERR

Suite, Apt. #, etc.

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

MIAMI-FLORIDA

City & State

Zip

33196

Country

USA

Zip

Country

4. FEI Number

65-0390689

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

CARLOS A. MEDINA

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

15321 SW 147 TR

City

MIAMI

FL

Zip Code
33196

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]

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

(NOTE: Registered Agent signature required when reinstating)

02-03-2003

DATE

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE PD
NAME CARLOS A. MEDINA
STREET ADDRESS 15321 SW 147 TR
CITY-ST-ZIP MIAMI, FL 33196

TITLE VD
NAME RAUL CHAVEZ
STREET ADDRESS 15321 SW 147 TR
CITY-ST-ZIP MIAMI, FL 33196

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800012330248
02/12/03--01013--024 **300.00

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-03-2003

Date

Daytime Phone #

FILED

03 FEB -4 AM 10:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

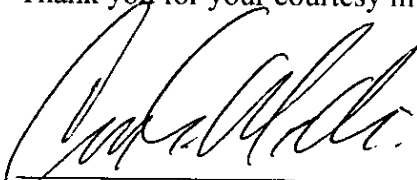
CR2E034B (12/01)

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 \$ 300.00 for the annual report fee with my application.

I did not receive the U.B.R. for the year, 2002 and 2003, or any other notice from the Division of Corporations in respect with my Corporation **MARLINS LIQUOR INC.**

Thank you for your courtesy in this matter.

A handwritten signature in cursive script, appearing to read 'Carlos Medina', written over a horizontal line.

CARLOS MEDINA
PRESIDENT