

# UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

P94000000083

1. Entity Name

MARCO PRODUCTS AND RESOURCES CORP.

APPROVED  
AND  
FILED

00 NOV 13 AM 7:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

8810 N.W. 7th Street  
Pembroke Pines, FL  
33024

8810 N.W. 7th Street  
Pembroke Pines, FL.  
33024

2. Principal Place of Business

8810 N.W. 7th Street

Suite, Apt. #, etc.

3. Mailing Address

8810 N.W. 7th Street

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Pembroke Pines, Fl.

City & State

Pembroke Pines, Fl.

4. FEI Number

650469606

Applied For

Not Applicable

Zip

33024

Country

USA

Zip

33024

Country

USA

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CASARES, ANGEL M  
8810 N.W. 7th Street  
Pembroke Pines, Fl. 33024

7. Name and Address of New Registered Agent

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 Angel M. Casares

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

TITLE PD  
NAME Casares, Angel M.  
STREET ADDRESS 8810 N.W. 7th Street  
CITY-ST-ZIP Pembroke Pines, FL 33024 ☐ Delete

TITLE STD  
NAME Casares, Michelle M.  
STREET ADDRESS 8810 N.W. 7th Street  
CITY-ST-ZIP Pembroke Pines, Fl. 33024 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Angel M. Casares, PD

Date

Daytime Phone #

10-13-00

954-432-7139

REINSTATEMENT

300003496643-3  
-12/12/00-01028-025  
\*\*\*\*750.00 \*\*\*\*750.00

CR2E034 (9/99)