

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000057199

1. Entity Name
MARULA, INC.

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90051 028 ***150.00

Principal Place of Business

Mailing Address

7601 E. TREASURE DR
APT. 1023
N. BAY VILLAGE FL 33141
US

A7601 E. TREASURE DR
APT. 1023
N. BAY VILLAGE FL 33141
US

2. Principal Place of Business

1012 NE 203rd LN

Suite, Apt. #, etc.

3. Mailing Address

1012 NE 203rd LN

Suite, Apt. #, etc.

City & State

N. Miami Beach, FL

City & State

N. Miami Beach, FL

Zip

33179

Country

USA

Zip

33179

Country

USA

4. FEI Number

65-0598979

Applied For

Not Applicable

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

SOARES, JACQUELINE
7601 E. TREASURE DR.
APT. 1023
N. BAY VILLAGE FL 33141

Name

Jaqueline Soares

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

1012 NE 203rd LN

City

N. Miami Beach

FL

Zip Code

33179

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, 2001 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 D
STREET ADDRESS SLUD BROFMAN, PAULO R
CITY-ST-ZIP 7601 E. TREASURE DR., #1023
N. BAY VILLAGE FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
PAULO R. BROFMAN

Date

Daytime Phone #

2/7/01 305 249-7080

CR2E034 (10/00)