

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000078154

1. Entity Name

MARCELL COMMUNICATION WHOLESALERS, INC.

FILED

May 03, 2001 8:00 am
Secretary of State

05-03-2001 90951 016 ***150.00

Principal Place of Business

Mailing Address

7312 WEST 20TH AVENUE
MIAMI FL 33016
US

7312 WEST 20TH AVENUE
MIAMI FL 33016
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0611038

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

MOLLINEDO, MARLENE
7370 NW 36TH STREET
SUITE 325-A
MIAMI FL 33166

Name

MOLLINEDO MARLENE

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

7312 W. 20TH AVE

MIAMI FL. 33016

City

MIAMI - FL.

FL

Zip Code

33016

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)

4/24/01

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 PD ☐ Delete
NAME MOLLINEDO, PABLO
STREET ADDRESS 7312 WEST 20TH AVENUE
CITY-ST-ZIP MIAMI FL 33016

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

TITLE VD ☐ Delete
NAME MOLLINEDO, MARLENE
STREET ADDRESS 7312 WEST 20TH AVENUE
CITY-ST-ZIP MIAMI FL 33016

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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

Date

4/24/01 (305) 231-0444

Daytime Phone #

CR2E034 (10/00)