

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000080471

1. Entity Name

MARIMAR FORWARDING, INC.

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90099 026 ***150.00

Principal Place of Business

809 NW 131 AVE
MIAMI FL 33182
US

Mailing Address

809 NW 131 AVE
MIAMI FL 33182-2397
US

2. Principal Place of Business

806 NW 131 AVE

Suite, Apt. #, etc.

3. Mailing Address

806 NW 131 AVE

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

65-0612976

Applied For

Not Applicable

Zip

33182

Country

USA

Zip

33182

Country

USA

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

6. Name and Address of Current Registered Agent

MORALES, MARIA A
809 NW 131 AVE
MIAMI FL 33182

7. Name and Address of New Registered Agent

Name

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

806 NW 131 AVE

City

MIAMI

FL

Zip Code

33182

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, 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 | D | <input type="checkbox"/> Delete |
| NAME | MORALES, MARIA A | |
| STREET ADDRESS | 9604 NW 13TH ST | |
| CITY-ST-ZIP | MIAMI FL 33172 | |
| TITLE | PTD | <input type="checkbox"/> Delete |
| NAME | MORALES, ANTONIO | |
| STREET ADDRESS | 9604 NW 13TH ST | |
| CITY-ST-ZIP | MIAMI FL 33172 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|----------------|--|
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 806 NW 131 AVE | |
| CITY-ST-ZIP | MIAMI FL 33182 | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 806 NW 131 AVE | |
| CITY-ST-ZIP | MIAMI FL 33182 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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

4/3/00/00

Date

9315-599 9200

Daytime Phone #

CR2E034 (9/99)