

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 02, 2002 8:00 am
Secretary of State

09-02-2002 90146 005 ***550.00

DOCUMENT # P95000082899

1. Entity Name
MAURELLO CORPORATION

Principal Place of Business

2098 NW 171 AVE
PEMBROKE PINES FL 33028
US

Mailing Address

2098 NW 171 AVE
PEMBROKE PINES FL 33028

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0629120

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MAURELLO, HUMBERTO
2098 NW 171 AVE
PEMBROKE PINES FL 33028

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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: P ☒ Delete
NAME: MAURELLO, HUMBERTO
STREET ADDRESS: 5349 W 14 LANE
CITY-ST-ZIP: HIALEAH FL 33012

TITLE: P ☒ Change ☐ Addition
NAME: MAURELLO, HUMBERTO
STREET ADDRESS: 2098 NW 171 AVE
CITY-ST-ZIP: P. Pine Fla 33012

TITLE: V ☒ Delete
NAME: RODRIGUEZ, BLANCA
STREET ADDRESS: 5349 W 14 LANE
CITY-ST-ZIP: HIALEAH FL 33012

TITLE: V ☒ Change ☐ Addition
NAME: Rodriguez Blanca
STREET ADDRESS: 2098 NW 171 AVE
CITY-ST-ZIP: pembroke pine Fla 33028

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☒ Addition
NAME: Jennifer S. Maurello
STREET ADDRESS: 2098 NW 171 AVE
CITY-ST-ZIP: P. Pine Fla 33028

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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

13. I hereby certify that the information supplied on 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 empowerments.

SIGNATURE: 
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)