

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 09, 2003 8:00 am**  
**Secretary of State**

01-09-2003 90119 033 \*\*\*158.75

**DOCUMENT # P95000086711**

1. Entity Name  
**MARQUEZ FOOD CORPORATION**



Principal Place of Business  
**7333 HYPOLUXO FARMS RD  
LAKE WORTH FL 33463  
US**

Mailing Address  
**7333 HYPOLUXO FARMS RD  
LAKE WORTH FL 33463  
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0670032**

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

**MARQUEZ, LIONEL M  
19195 MYSTIC POINTE DRIVE  
#2510  
AVENTURA FL 33180**

Name

**MARGARET MARQUEZ**

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

**7333 HYPOLUXO FARMS RD.**

City

**LAKE WORTH**

FL

Zip Code

**33463**

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

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSTD** ☒ Delete  
NAME **MARQUEZ, LIONEL M**  
STREET ADDRESS **7333 HYPOLUXO FARMS RD**  
CITY-ST-ZIP **LAKE WORTH FL 33463**

TITLE **PSTD** ☒ Change ☒ Addition  
NAME **MARQUEZ, MARGARET**  
STREET ADDRESS **7333 HYPOLUXO FARMS RD.**  
CITY-ST-ZIP **LAKE WORTH, FL 33463**

TITLE **V** ☒ Delete  
NAME **MARQUEZ, LIONEL M**  
STREET ADDRESS **7333 HYPOLUXO FARMS RD**  
CITY-ST-ZIP **LAKE WORTH FL 33463**

TITLE **PSTD** ☒ Change ☒ Addition  
NAME **MARQUEZ, MARGARET**  
STREET ADDRESS **7333 HYPOLUXO FARMS RD.**  
CITY-ST-ZIP **LAKE WORTH, FL 33463**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

*Margaret Marquez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/07/03**  
Date

**561 642-9600**  
Daytime Phone #

CR2E034 (10/02)