2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State
03-03-2003 90436 039 ***150.00

DOCUMENT # P96000042533

1. Entity Name
MARIO MARRERO UPHOLSTERY FRAMES INC.

Principal Place of Business	Mailing Address
4080 NW 132ND ST BAY D OPA LOCKA FL 33054	4080 NW 132ND ST BAY D OPA LOCKA FL 33054

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0678991 ☐ 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
MARRERO, MARIO 4080 NW 132ND ST BAY D OPA LOCKA FL 33054	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

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 NAME STREET ADDRESS CITY-ST-ZIP	PVST MARRERO, MARIO 4080 NW 132ND ST BAY D OPA LOCKA FL 33054	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARRERO, MARIO 4080 NW 132ND ST BAY D OPA LOCKA FL 33054	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

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 all other like empowered.

SIGNATURE: X SIGNATURE REQUIRED [signature] 1-8-03 (305) 687-4760
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment

P96000042533

80043912

DEPARTMENT OF STATE
FOR DEPOSIT ONLY
ACCT.# 1009068796
JAN 24 2003

[redacted]

[redacted]

Look for Blue background on the front of this check and the ImageSafe® logo on back. If not present, do not cash.

2866

63-27/631 FL
630

DATE 1/17/03

PAY TO THE ORDER OF Florida Department of State $ 150.00

One Hundred Fifty ——— DOLLARS

MARIO MARRERO UPHOLSTERY FRAMES
4080 N.W. 132ND ST., BAY D 305-687-476
OPA LOCKA, FL. 33054

NationsBank
NationsBank, N.A.
ACH R/T 063100277

FOR 632206 78991

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