2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P97000035235 May 15, 2000 8:00 am Secretary of State 1. Entity Name MARQUI ENTERPRISES, INC. 05-15-2000 90245 049 ***150.00 Mailing Address Principal Place of Business 10801 N 56TH ST 10801 N 56TH ST TEMPLE TERRACE FL 33617-3646 TEMPLE TERRACE FL 33617-646 3. Mailing Address 2. Principal Place of Business 0801 N DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3441794 Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired 3361 Fee Required USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ARRADONDO MARQUITA Address (P.Q. Box Number is Not Acceptable MALONE, MARQUITA B 2206 CATTLEMAN DR BRANDON FL 33511-2102 Zip Code 335//-2/01 8. The above named Antity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. (NOTE: Registered Agent signature required when reinstating) **10.** Election Campaign Financing _ ~ FILE NOW!!! FEE IS \$150.00 9. This corporation a eligible to satisfy its Intangible After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. Arradondo, Marquita 2206 Cattleman Dr Addition ☐ Delete TITLE TITLE MALONE, MARQUITA B NAME 2206 CATTLEMAN DR STREET ADDRESS STREET ADDRESS Brandon, Fl 3351/ CITY-ST-ZIP CITY-ST-ZIP BRANDON FL 33511-2102 ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Defete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of 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 attachmen with an address, with all other like empowered.