

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000045235

1. Entity Name
MARAKKA 2000 INC.

FILED
Jul 12, 2000 8:00 am
Secretary of State

07-12-2000 90005 047 ***550.00

Principal Place of Business

Mailing Address

4410 W. 16TH AVE.
STE 5 302
HIALEAH FL 33012

4410 W. 16TH AVE.
STE 5 302
HIALEAH FL 33012-7100

2. Principal Place of Business

3. Mailing Address

6801 NW 77 Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MIAMI, FL

Zip
33166

Country
USA

Zip

Country

4. FEI Number

65-0753351

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

NUNEZ, GISELA
4410 W. 16TH AVE.
STE 5 302
HIALEAH FL 33012

Name
GISELA NUNEZ

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

6325 West 12 Ave.

City
Hialeah

FL

Zip Code
33012

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

GISELA NUNEZ

(NOTE: Registered Agent signature required when reinstating)

DATE

6/20/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
NUNEZ, GISELA
4410 W. 16TH AVENUE STE 5302
HIALEAH FL 33012

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
FERNANDEZ, WALDO
4410 W. 16TH AVE.
HIALEAH FL 33012

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
M-Managing Director
DELIA GONZALEZ
6325 W 12 Ave.
Hialeah FL 33012
☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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

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

6/20/00 305-882-6791
Date Daytime Phone #

CR2E034 (9/99)