

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2002 8:00 am**  
**Secretary of State**

04-18-2002 90337 014 \*\*\*155.00

**DOCUMENT # P97000045235**

1. Entity Name  
**MARAKKA 2000 INC.**

Principal Place of Business

~~6801 NW 77TH AVE~~  
~~203~~  
~~MIAMI FL 33166~~

Mailing Address

~~6801 NW 77TH AVE~~  
~~203~~  
~~MIAMI FL 33166~~

2. Principal Place of Business

**6923 NW 77 Ave.**

3. Mailing Address

**Same**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Miami FL**

City & State

4. FEI Number

**65-0753351**

Applied For

Not Applicable

Zip

**33166**

Country

**USA**

Zip

Country

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**NUNEZ, GISELA**  
**6325 WEST 12TH AVE**  
**HIALEAH FL 33012**

7. Name and Address of New Registered Agent

Name

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

City

**D**

**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.

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 \$150.00**  
**After May 1, 2002 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	NUNEZ, GISELA	
STREET ADDRESS	4410 W. 16TH AVENUE STE 5302	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FERNANDEZ, WALDO	
STREET ADDRESS	4410 W. 16TH AVE.	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE	MD	<input type="checkbox"/> Delete
NAME	GONZALEZ, DELIA	
STREET ADDRESS	6325 W. 12 AVENUE	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 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 Required**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/10/02 305-882-6791**

CR2E034 (9/01)