

2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 29, 2002 8:00 am**  
**Secretary of State**

03-29-2002 90193 021 \*\*\*150.00

DOCUMENT # **P97000074544**

1. Entity Name  
**MARI'S FAMILY INC.**

Principal Place of Business <b>11340 SW 47TH TERR MIAMI FL 33165</b>	Mailing Address <b>11340 SW 47TH TERR MIAMI FL 33165</b>
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DO NOT WRITE IN THIS SPACE

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

4. FEI Number <b>65-0785060</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  
~~DINER, MANUEL~~  
**141 NE 3RD AVE, SUITE 601  
 MIAMI FL 33132**

7. Name and Address of New Registered Agent  
 Name **JOSE E MORALES**  
 Street Address (P.O. Box Number is Not Acceptable)  
**11340 SW 47TH TERR**  
 City **MIAMI** FL Zip Code **33165**

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 *J Morales* DATE **2/6/02**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME D <b>MORALES, JOSE E</b> STREET ADDRESS <b>3940 S.W. 133 AVE.</b> CITY-ST-ZIP <b>MIAMI FL 33175</b>	<input type="checkbox"/> Delete
TITLE NAME D <b>SUAREZ, MERCEDES</b> STREET ADDRESS <b>3940 S.W. 133 AVE.</b> CITY-ST-ZIP <b>MIAMI FL 33175</b>	<input type="checkbox"/> Delete
TITLE NAME	<input type="checkbox"/> Delete
TITLE NAME	<input type="checkbox"/> Delete
TITLE NAME	<input type="checkbox"/> Delete
TITLE NAME	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME <b>T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME <b>P, S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Jose E Morales* DATE: **2/6/2002** DAYTIME PHONE #: **305 4850849**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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 CR2E034 (9/01)