

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97000092740**

1. Entity Name
EXMARPE, INC.

FILED
Jun 16, 2002 8:00 am
Secretary of State

06-16-2002 90692 040 ***150.00

06/16/02 SP

Principal Place of Business C/O 1319 BAY VIEW CIRCLE WESTON FL 33326		Mailing Address C/O 1319 BAY VIEW CIRCLE WESTON FL 33326	
2. Principal Place of Business		3. Mailing Address 16338 Malibu dr	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Weston FL	
Zip	Country	Zip	Country
33326	USA	33326	USA



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent MARTINEZ, MIGUEL ANGEL C/O 1319 BAY VIEW CIRCLE WESTON FL 33326		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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

Miguel Martinez Director

04-29-02

Signature, type 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTINEZ, MIGUEL ANGEL C/O 1319 BAY VIEW CIRCLE WESTON FL 33326 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTINEZ, ALFONSO JAVIER C/O 1319 BAY VIEW CIRCLE WESTON FL 33326 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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:

Miguel Martinez Director

04-29-02

(684) 796-2344

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

Attachment



869005

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

May 29, 2002

EXMARPE, INC.
16338 MALIBU DR
WESTON, FL 33326

Subject: **EXMARPE, INC.**

Reference Number:

P97000092740

Please be advised, we have received your annual report/uniform business report; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please sign and return your check submitted with the annual report/uniform business report. ✓

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/jn

ANNUAL REPORTS SECTION