

FILED
Jun 27, 2001 8:00 am
Secretary of State

05-17-2001 91317 019 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000004270

1. Entity Name

MARLA CORPORATION

Principal Place of Business

Mailing Address

3300 NE 192ND ST
 #501
 AVENTURA FL 33180

PO BOX 141585
 CORAL GABLES FL 33134

2. Principal Place of Business

3. Mailing Address

325 S.W. 97TH COURT
 Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

65-0803786

Applied For

Not Applicable

Zip

Country

Zip

Country

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

JORDAN, EDWARD
 3300 NE 192ND ST
 #501
 AVENTURA FL 33180

Name

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

325 S.W. 97TH COURT

MIAMI, FL.

FL 33174

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, 2001 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	Change	Addition
PSD	JORDAN, EDWARD	325 SW. 97TH COURT	MIAMI FL 33174	<input type="checkbox"/>	<input type="checkbox"/>
VD	JORDAN, ROSA	325 SW 97TH CT	MIAMI FL 33174	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 PERSONS OFFICER OR DIRECTOR

EDWARD JORDAN

Date

Daytime Phone #

6/21/01 (305) 567-9435

CR2E034 (10/00)