

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000031189

1. Entity Name
MARRERO, INC.

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90027 017 ***150.00

Principal Place of Business

2545 W. 80 STREET
BAY #1
HIALEAH FL 33016

Mailing Address

2545 W. 80 STREET
BAY #1
HIALEAH FL 33016

701385



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2360 W 76 ST

3. Mailing Address

2360 W. 76 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hialeah FL

City & State

Hialeah FL

4. FEI Number 65-0831727

Applied For

Not Applicable

Zip

33016

Country

USA

Zip

33016

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARRERO, OMAR
2545 W. 80 STREET
BAY #1
HIALEAH FL 33016

same registered agent
change of address
→

7. Name and Address of New Registered Agent

Name

MARRERO, OMAR

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

2360 W 76 ST

City

Hialeah

FL

Zip Code

33016

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

TITLE	P	<input type="checkbox"/> Delete
NAME	MARRERO, OMAR	
STREET ADDRESS	2545 W. 80 STREET BAY #1	
CITY-ST-ZIP	HIALEAH FL 33016	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MARRERO, OMAR D	
STREET ADDRESS	2545 W. 80 STREET BAY #1	
CITY-ST-ZIP	HIALEAH FL 33016	
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	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARRERO, OMAR	Address only
STREET ADDRESS	2360 W. 76 ST	
CITY-ST-ZIP	Hialeah FL 33016	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARRERO, OMAR D	Address only
STREET ADDRESS	2360 W 76 ST	
CITY-ST-ZIP	HIALEAH FL 33016	
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:

Omar D. Marrero Omar D. Marrero 1/12/00 3055561106

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)