

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90251 041 ***150.00

DOCUMENT # P99000000488

1. Entity Name
MARSEN DISCOUNT, INC.



Principal Place of Business
**490 EAST 4TH AVENUE
HIALEAH FL 33010**

Mailing Address
**490 EAST 4TH AVENUE
HIALEAH FL 33010**



2. Principal Place of Business
2416 W 60TH ST
Suite, Apt. #, etc.

3. Mailing Address
2416 W 60TH ST
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
HIALEAH FL

City & State
HIALEAH FL

4. FEI Number **65-0889659**

Applied For
Not Applicable

Zip Country
33016-4418 MIAMI-DADE

Zip Country
33016-4418 MIAMI-DADE

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

**LLANES, PEDRO
490 EAST 4TH AVENUE
HIALEAH FL 33010**

Name

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

2416 W 60TH ST

City **HIALEAH**

FL

Zip Code **33016-4418**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **LLANES, PEDRO**
STREET ADDRESS **10090 NW 80 COURT #1550**
CITY-ST-ZIP **HIALEAH GARDENS FL 33016**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **2416 W 60TH ST**
CITY-ST-ZIP **HIALEAH, FL. 33016-4418**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Pedro Llanes**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-03

Date

305 698 5848

Daytime Phone #

CR2E034 (10/02)