

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000005571

1. Entity Name
MARIELLE INVESTMENT CORP.

Principal Place of Business
19141 N.W. 78TH AVENUE
MIAMI FL 33015

Mailing Address
19141 N.W. 78TH AVENUE
MIAMI FL 33015

2. Principal Place of Business

3. Mailing Address
1150 N.W. 72nd Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.
307

City & State

City & State
Miami, FL

Zip

Country

Zip

33126

Country

Miami, Dade

6. Name and Address of Current Registered Agent

RODRIGUEZ, JUAN A
19141 N.W. 78TH AVENUE
MIAMI FL 33015

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 PVST
NAME RODRIGUEZ, JUAN A
STREET ADDRESS 19141 N.W. 78TH AVENUE
CITY-ST-ZIP MIAMI FL 33015 ☐ Delete

TITLE D
NAME RODRIGUEZ, JUAN A
STREET ADDRESS 19141 N.W. 78TH AVENUE
CITY-ST-ZIP MIAMI FL 33015 ☐ Delete

TITLE DV
NAME RODRIGUEZ, LUZ R
STREET ADDRESS 19141 N.W. 78TH AVENUE
CITY-ST-ZIP MIAMI FL 33015 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Juan A Rodriguez

Date

1/10/01

Daytime Phone #

994.7537

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

01-23-2001 90028 015 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)