

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 11, 2001 8:00 am
Secretary of State

05-11-2001 90309 021 ***158.75

DOCUMENT # **P99000010879**

1. Entity Name
MA RE NOSTRUM, INC.

Principal Place of Business

**504 S. TAMiami TRAIL
Bldg 1, Suite 2
Nokomis, FL. 34275**

Mailing Address

**504 S. TAMiami TRAIL
Bldg 1, Suite 2
Nokomis, FL. 34275**

2. Principal Place of Business

411 CITRUS AVE.

3. Mailing Address

411 CITRUS AVE.

Suite, Apt. #, etc.

do Ruben L. Rios, Jennifer Rios

Suite, Apt. #, etc.

do Ruben L. Rios, Jennifer Rios

DO NOT WRITE IN THIS SPACE

City & State
Nokomis, FL.

City & State
Nokomis, FL.

4. FEI Number

650893452

Applied For

Not Applicable

Zip
34275

Country
U.S.A.

Zip
34275

Country
U.S.A.

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**Stephen Boone, Esq.
1001 Avenida del Circo
Venice, FL. 34285**

7. Name and Address of New Registered Agent

Name

Ruben L. Rios

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

411 CITRUS AVE.

City

Nokomis

FL

Zip Code

34275

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 **Ruben L. Rios** President MAKE NOSTRUM
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

Ruben L. Rios

4/24/01

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 NAME STREET ADDRESS CITY-ST-ZIP	P.O.T Ruben L. Rios 411 CITRUS AVENUE Nokomis, FL. 34275	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, D, S Jennifer L. Yunker-Rios 411 CITRUS AVENUE Nokomis, FL. 34275	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
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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: **Ruben L. Rios** Ruben L. Rios

Date

4/24/01

Daytime Phone #

941-480-0146

CR2E034 (11/00)