

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 11, 2003 8:00 am**  
**Secretary of State**

08-11-2003 90282 023 \*\*\*550.00

**DOCUMENT # P99000041524**

**1. Entity Name**  
**MARSHALL, AMAYA & ANTON, P.A.**



**Principal Place of Business**  
**3663 S. MIAMI AVENUE**  
**MIAMI FL 33133**

**Mailing Address**  
**3663 S. MIAMI AVENUE**  
**MIAMI FL 33133**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

**4. FEI Number** **65-0919188**

Applied For  
Not Applicable

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**COEL, MARK A ESQ.**  
**33 SOUTHEAST 8TH STREET**  
**SUITE 400**  
**BOCA RATON FL 33432-0000**

**7. Name and Address of New Registered Agent**

Name **Jorge P. Amaya**  
Street Address (P.O. Box Number is Not Acceptable) **6575 SW 98 ST.**  
City **MIAMI** FL **33156**

**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 *Jorge P. Amaya*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**8/2/03**

**FILE NOW!!! FEE IS \$550.00**

**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

TITLE **PD** ☐ Delete  
NAME **MARSHALL, JOHN**  
STREET ADDRESS **4530 NW 23RD TERR**  
CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE **SD** ☐ Delete  
NAME **ANTON, XAVIER**  
STREET ADDRESS **3629 PALMETTO AVE**  
CITY-ST-ZIP **COCONUT GROVE FL-33133**

TITLE **TD** ☐ Delete  
NAME **AMAYA, JORGE**  
STREET ADDRESS **9961 SW 145 ST**  
CITY-ST-ZIP **MIAMI FL 33176**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

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

TITLE ☒ Change ☐ Addition  
NAME **Amaya, Jorge**  
STREET ADDRESS **6575 SW 98 ST.**  
CITY-ST-ZIP **MIAMI, FLA. 33156**

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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:** *Jorge P. Amaya*  
**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/2/03**

**(305) 285-2174**

Date

Daytime Phone #

CR2E034 (4/03)