

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2002 8:00 am
Secretary of State
 05-05-2002 90082 017 ***150.00

DOCUMENT # P99000050236

1. Entity Name
MAROZ, INC.

Principal Place of Business

Mailing Address

~~7220 NW 36TH STREET~~
~~SUITE 510~~
~~MIAMI FL 33166~~

~~7220 NW 36TH STREET~~
~~SUITE 510~~
~~MIAMI FL 33166~~

2. Principal Place of Business

3. Mailing Address

3741 NE 163 ST.

3741 NE 163 ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 213

SUITE 213

City & State

City & State

N. Miami Beach

N. Miami Beach

Zip

Country

Zip

Country

33160

USA

33160

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROZO, MANUEL

~~7220 NW 36TH STREET~~

~~SUITE 510~~

~~MIAMI FL 33166~~

Name

ROZO, MANUEL

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

3741 NE 163 ST

SUITE 213

City

N. Miami Beach

FL

Zip Code

33160

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSTD** ☒ Delete
 NAME **ROZO, MANUEL**
 STREET ADDRESS ~~7220 NW 36TH STREET, SUITE 510~~
 CITY-ST-ZIP **MIAMI FL 33166**

TITLE **PSTD** ☐ Change ☒ Addition
 NAME **ROZO, MANUEL**
 STREET ADDRESS **3741 NE 163 ST STE. 213**
 CITY-ST-ZIP **N. MIAMI BEACH, FL. 33160**

TITLE **VP** ☒ Delete
 NAME **GARCIA, BEATRIZ L**
 STREET ADDRESS ~~7220 NW 36TH STREET, SUITE 510~~
 CITY-ST-ZIP **MIAMI FL 33166**

TITLE **VP** ☐ Change ☒ Addition
 NAME **GARCIA, BEATRIZ L**
 STREET ADDRESS **3741 NE 163 ST. STE 213**
 CITY-ST-ZIP **N. MIAMI BEACH, FL. 33160**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

BEATRIZ L GARCIA
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-18-02 (786) 205-2466

CR2E034 (9/01)