

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000060533

1. Entity Name

MARLINS MOTORS INC.

Principal Place of Business

Mailing Address

2. Principal Place of Business

2045 NW 36 ST.

3. Mailing Address

2045 NW 36 ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL 33142

City & State

Miami, FL

4. FEI Number

65-0931590

Applied For --

Not Applicable

Zip

33142

Country

U.S.A.

Zip

33142

Country

U.S.A.

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

Name

ANGELICA HUAMAN

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

1910 SW 16 AVENUE

City

Miami

FL

Zip Code

33145

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]

4/28/00

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, 2000 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
NAME
STREET ADDRESS
CITY-ST-ZIP

NEILSON RAY GADA ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

EMILIO ZAPATA ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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CITY-ST-ZIP

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☐ Delete

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

P.S.D.
ANGELICA HUAMAN
1910 SW 16 AV.
MIAMI, FL 33145

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

V.T.D.
TOMAS G. HUAMAN
1910 SW 16 AV
MIAMI, FL 33145

☐ 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANGELICA HUAMAN

Date

4/28/00

Daytime Phone #

(305) 6375535

CR20034 (9/99)

FILED
Jun 08, 2000 8:00 am
Secretary of State

06-08-2000 90020 021 ***150.00

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DO NOT WRITE IN THIS SPACE