

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000060533

1. Entity Name

MARLINS MOTORS INC.

Principal Place of Business

2045 NW 36TH STREET

MIAMI FL 33142

Mailing Address

2045 NW 36TH STREET

MIAMI FL 33142

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0931590

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HUAMAN, TOMAS G
301 SW 86TH AVENUE
103 B10
PEMBROKE PINES FL 33025

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, 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

CR2E034 (9/01)

TITLE PTD
NAME HUAMAN, TOMAS G
STREET ADDRESS 301 SW 86TH AVENUE #103 B10
CITY-ST-ZIP PEMBROKE PINES FL 33025

 Delete Change Addition

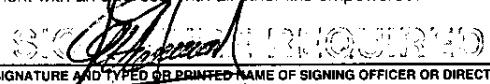
TITLE VSD
NAME ALEGRE, DUILIO J
STREET ADDRESS 1910 SW 16TH AVENUE
CITY-ST-ZIP MIAMI FL 33145

 Delete Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

 Delete 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

01-17-02 (305) 637-1535

Date

Daytime Phone #

62/5820 /
AV