

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90533 002 ***150.00

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

☐ CHECK HERE IF MAKING CHANGES

Zip

Country

Zip

Country

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

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

Name **HUGO ENRIQUE BORELLI**
Street Address (P.O. Box Number is Not Acceptable)
2000 Liberty AV Apt 216
City **Miami Bch** FL Zip Code **33139**

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 **X** **HUGO ENRIQUE BORELLI** **X** **01-19-03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTD	<input checked="" type="checkbox"/> Delete
NAME	HUAMAN, TOMAS G	
STREET ADDRESS	301 SW 86TH AVENUE #103 B10	
CITY-ST-ZIP	PEMBROKE PINES FL 33025	
TITLE	PTD	<input type="checkbox"/> Delete
NAME	HUGO ENRIQUE BORELLI	
STREET ADDRESS	2000 Liberty AV Apt 216	
CITY-ST-ZIP	Miami Bch FL 33139	
TITLE		<input type="checkbox"/> Delete
NAME		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PTD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUGO ENRIQUE BORELLI	
STREET ADDRESS	2000 Liberty AV Apt 216	
CITY-ST-ZIP	Miami Bch FL 33139	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **X** **HUGO ENRIQUE BORELLI** **X** **01-19-03 (305) 532 3902**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)