

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 15, 2000 8:00 am**  
**Secretary of State**  
 03-15-2000 90014 046 \*\*\*150.00

**DOCUMENT #** P99000063500

**1. Entity Name**  
 Marshal U.S.A., Inc.

**Principal Place of Business**      **Mailing Address**

223 East Flagler Street, Suite # 603  
 Miami, Fl. 33131

**2. Principal Place of Business**      **3. Mailing Address**

2653/2653A N.W. 20 St.      Same as 2

Suite, Apt. #, etc.      Suite, Apt. #, etc.

**City & State**      **City & State**

Miami, Fl.     

**Zip**      **Country**      **Zip**      **Country**

33142      Dade     

**4. FEI Number**      **Applied For**

65-0935992      Not Applicable

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

☐

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

Ernesto Gutierrez  
 7345 S.W. 21 Street  
 Miami, Fl. 33155.

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

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**      (NOTE: Registered Agent signature required when reinstated)      (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**      **\$5.00 May Be Added to Fees**

Trust Fund Contribution. ☐

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DP	Heberto A. Gamero				
NAME	2653 N.W. 20 Street				
STREET ADDRESS	Miami, Fl. 33142.				
CITY-ST-ZIP					
TITLE	NAME	<input checked="" type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	Alfonso Garcia				
NAME	223 East Flagler Street #603				
STREET ADDRESS	Miami, Fl. 33131				
CITY-ST-ZIP					
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> 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:**       **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**      **Date**      **Daytime Phone #**