

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90029 004 ***150.00

659397

DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000065056 1. Entity Name MURRIACO INVESTMENT, INC.				
Principal Place of Business 140 NW 9 Ave. MIAMI, FL 33128		Mailing Address 140 NW 9 Ave. MIAMI, FL 33128		
2. Principal Place of Business 140 NW 9 Ave. Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		
City & State Miami, FL		City & State		
Zip 33128	Country USA	Zip	Country	
4. FEI Number 651047271		Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent VICTORIA BARRIOS 1335 Monad Tr. Miami, Beach 33139		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 reinstating)				
Signature, typed or printed name of registered agent and title if applicable. 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, 2001 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 PRESIDENT	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME VICTORIA BARRIOS		NAME		
STREET ADDRESS 140 NW 9 Ave, Miami, FL33128		STREET ADDRESS		
CITY - ST - ZIP		CITY - ST - ZIP		
TITLE VICEPRESIDENT	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME CARLOS BARRIOS		NAME		
STREET ADDRESS 1335 Monad Tr, Miami, Beach		STREET ADDRESS		
CITY - ST - ZIP		CITY - ST - ZIP		
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY - ST - ZIP		CITY - ST - ZIP		
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY - ST - ZIP		CITY - ST - ZIP		
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY - ST - ZIP		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: <i>Victoria Barrios</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				

CR2E034 (11/00)