

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000065096

1. Entity Name

MARELLI EXPRESS, INC.

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90013 008 ***150.00

Principal Place of Business

407 LINCOLN ROAD, SUITE 5B
MIAMI BEACH FL 33139

Mailing Address

407 LINCOLN ROAD, SUITE 5B
MIAMI BEACH FL 33139-3008

2. Principal Place of Business

15127 N.E. 2nd Ave.
Suite, Apt. #, etc.

3. Mailing Address

15127 NE 2nd Ave.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

miami, FLA

City & State

miami FLA

4. FEI Number

65-0935395

Applied For

Not Applicable

Zip

33162

Country

1

Zip

33162

Country

1

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~BRITO, LUIS G
407 LINCOLN ROAD, SUITE 5B
MIAMI BEACH FL 33139~~

7. Name and Address of New Registered Agent

Name
Anthony L. Trullenque, ESQ.
Street Address (P.O. Box Number is Not Acceptable)
7098 Bonita Drive
City
miami Beach FL Zip Code
33141

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

3/14/00

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARELLI, LUIS 15127 NE 2ND AVENUE MIAMI FL 33162	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JALBERT, NANCY 15127 NE 2ND AVENUE MIAMI FL 33162	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CEDENO, JULIO 15127 NE 2ND AVENUE MIAMI FL 33162	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	M. Lisette Marelli 15127 NE 2ND AVENUE MIAMI FL 33162	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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

Luis Marelli

3/14/00

Date

(305) 948-9971

Daytime Phone #

CR2E034 (9/99)