

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000070920

1. Entity Name

MARLI WAREHOUSE, INC.

FILED
May 13, 2000 8:00 am
Secretary of State

05-13-2000 90025 033 ***150.00

Principal Place of Business

1789 NW 20TH STREET
 MIAMI FL 33142

Mailing Address

1789 NW 20TH STREET
 MIAMI FL 33142-7429

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0940895

Applied For

Not Applicable

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

ALVAREZ, MARTHA
 1789 NW 20TH STREET
 MIAMI FL 33142

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, 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 ☐ Delete
 NAME D
 STREET ADDRESS ALVAREZ, MARTHA
 CITY-ST-ZIP 1789 NW 20TH STREET
 MIAMI FL 33142

TITLE ☐ Delete
 NAME D
 STREET ADDRESS GONZALEZ CORZO, GERVASIO R
 CITY-ST-ZIP BLVD EL CAFETAL RESIDENCIA EL PARQUE #22
 CARACAS, VENEZUELA

TITLE ☐ Delete
 NAME D
 STREET ADDRESS RIBEIRO VELOSO, MANUEL A
 CITY-ST-ZIP CALLE 11 EDIFICIO LA MIRAGE L APTO 12B-LOS
 EDO MIRANDA MUNICIPIO BARUTA

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME PRESIDENT
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
 NAME VICE PRESIDENT
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
 NAME SECRETARY/TREASURER
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME DIRECTOR
 STREET ADDRESS Lidemar Gonzalez
 CITY-ST-ZIP 4875 SW. 162ND PL. #A
 MIAMI FL 33185

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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)(f), 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

MARTHA ALVAREZ

Date

2/8/00 (305) 545-8789

Daytime Phone #