

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90004 014 ***150.00

DOCUMENT # P99000074672

1. Entity Name

MARICEL INC.



Principal Place of Business

~~3600 S.W. 116 AVE~~
~~DAVIE FL 33330~~

100 S.

Mailing Address

100 S BIRCH RD #2902
FORT LAUDERDALE FL 33316

440000000



MOORE

CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0949777

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

~~MATEU, LEONARDO~~
~~3600 S.W. 116 AVE~~
~~DAVIE FL 33330~~

MATEU LEONARDO
100 S. BIRCH ROAD #2902
FORT LAUDERDALE, FL.33316

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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, 2004 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 P ☐ Delete
NAME MATEU, LEONARDO
STREET ADDRESS 3600 S. W. 116 AVE
CITY-ST-ZIP DAVIE FL 33330

TITLE P ☐ Change ☐ Addition
NAME MATEU, LEONARDO
STREET ADDRESS 100 S. BIRCH ROAD #2902
CITY-ST-ZIP FT. LAUDERDALE, FL 33316 ☐ Change ☐ Addition

TITLE S ☐ Delete
NAME MATEU, FERNANDO
STREET ADDRESS 3600 S. W. 116 AVE
CITY-ST-ZIP DAVIE FL 33330

TITLE S ☐ Change ☐ Addition
NAME MATEU, FERNANDO
STREET ADDRESS 100 S. BIRCH ROAD #2902
CITY-ST-ZIP FT. LAUDERDALE, FL. 33316 ☐ Change ☐ Addition

TITLE V ☐ Delete
NAME ALVAREZ, JOSE-A
STREET ADDRESS 1300 SE 17 ST #210
CITY-ST-ZIP FT LAUDERDALE FL 33316

TITLE V ☐ Change ☐ Addition
NAME ALVAREZ, JOSE-A
STREET ADDRESS 1300 SE 17 ST #210
CITY-ST-ZIP FT LAUDERDALE FL 33316

TITLE T ☐ Delete
NAME ALVAREZ, JOSE S
STREET ADDRESS 1300 SE 17 ST #210
CITY-ST-ZIP FT LAUDERDALE FL 33316

TITLE T ☐ Change ☐ Addition
NAME ALVAREZ, JOSE S
STREET ADDRESS 1300 SE 17 ST #210
CITY-ST-ZIP FT LAUDERDALE FL 33316

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/3/04 954 205-8733