

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 29, 2001 08:00 AM**
Secretary of State**DOCUMENT # P99000075258**1. Entity Name
MARU NOLLA COUTURE, INC.**Principal Place of Business**

6507 SW 113TH PLACE

MIAMI
33173

FL

Mailing Address

6507 SW 113TH PLACE

MIAMI
33173

FL

2. Principal Place of Business

2525 SW 1 ST

3. Mailing Address

2525 SW 1 ST

Suite, Apt. #, etc.
#2Suite, Apt. #, etc.
#2**City & State**

MIAMI

FL

City & State

MIAMI

FL

Zip

33135

Country

US

Zip

33135

Country

US

4. FEI Number**65-0942775****Applied For**☐ Not Applicable**5. Certificate of Status Desired**☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentLLUIS MARIA
6507 SW 113TH PLACEMIAMI
33173

FL

US

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

LLUIS MARIA M

Street Address (P.O. Box Number is Not Acceptable)
2525 SW 1 ST

#2

City
MIAMI

FL

Zip Code
33135

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 **MARIA M. LLUIS**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

04/29/2001

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**

TITLE	VPT	<input type="checkbox"/> Delete
NAME	NOLLA NILSA M	
STREET ADDRESS	6507 SW 113TH PLACE	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LLUIS ALBERT	
STREET ADDRESS	6507 SW 113TH PLACE	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	S	<input type="checkbox"/> Delete
NAME	LLUIS MARIA	
STREET ADDRESS	6507 SW 113TH PLACE	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOLLA NILSA M	
STREET ADDRESS	2525 SW 1 ST	
CITY-ST-ZIP	MIAMI FL 33135	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LLUIS ALBERT	
STREET ADDRESS	2525 SW 1 ST	
CITY-ST-ZIP	MIAMI FL 33135	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LLUIS MARIA M	
STREET ADDRESS	2525 SW 1 ST	
CITY-ST-ZIP	MIAMI FL 33135	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<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: **Maria M. Lluis**

S

04/29/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)