## **2002 UNIFORM BUSINESS REPORT (UBR)**

changed, or on an atteshment with an address, with all other like empowered.

SIGNATURE:

## Mar 06, 2002 8:00 am & Secretary of State DOCUMENT # P99000080075 1. Entity Name MARMOLEJOS TRADING INC. 03-06-2002 90031 033 \*\*\*150.00 Principal Place of Business Mailing Address 1299 N.W. 79TH ST. 1450 NW-72ND AVE SUITE-307 MIAMI FL 33147 -MIAMI FL 33120-3. Mailing Address 1150 NW 12 Hd Ne 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 65-0946371 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MARMOLEJOS, JOSE A Street Address (P.O. Box Number is Not Acceptable) 19141 N.W. 78TH AVE. **MIAMI FL 33015** City Zip Code FL 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. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 TITI F **PST** ☐ Delete TITLE Addition Change MARMOLEJOS, JOSE A NAME NAME STREET ADDRESS 19141 N.W. 78TH AVE. STREET ADDRESS **MIAMI FL 33015** CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete\_\_\_ TITLE \_ Change ... Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP 13. Thereby 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

SIGNING OFFICER OR DIRECTOR

**FILED**