

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000101324

1. Entity Name

MARITA APARTMENTS, CORP.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90063 037 ***150.00

Principal Place of Business

141 S.W. 54TH AVENUE
MIAMI FL 33134

Mailing Address

141 S.W. 54TH AVENUE
MIAMI FL 33134

2. Principal Place of Business

433 NW 25 AVE

Suite, Apt. #, etc.

apt. 1

City & State

Miami

3. Mailing Address

433 NW 25 AVE

Suite, Apt. #, etc.

apt. 1

City & State

Miami



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0963829

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BOSCH, IBRAHIM
141 S.W. 54TH AVENUE
MIAMI FL 33134

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

433 NW 25 AVE

apt. 1

City

Miami

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

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, 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	VD	<input type="checkbox"/> Delete
NAME	BOSCH, IBRAHIM	
STREET ADDRESS	141 S.W. 54TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33134	
TITLE	PD	<input type="checkbox"/> Delete
NAME	URRUTIA, MARIO	
STREET ADDRESS	141 S.W. 54TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33134	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	ECHEVERRIA, MARIA I	
STREET ADDRESS	141 S.W. 54TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33134	
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	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IBRAHIM BOSCH	
STREET ADDRESS	433 NW 25 AVE Apt #1	
CITY-ST-ZIP	MIAMI FL 33135	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARIO URRUTIA	
STREET ADDRESS	433 NW 25 AVE Apt #1	
CITY-ST-ZIP	MIAMI FL 33135	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROSARIO BOSCH	
STREET ADDRESS	433 NW 25 AVE Apt #1	
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		

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

Date

Daytime Phone #

4 12 01 (305) 2198251
8 ARS

CR2E034 (10/00)