

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90011 025 ***150.00

0194052 AY

DOCUMENT # P99000101324

1. Entity Name

MARITA APARTMENTS, CORP.

Principal Place of Business

**433 NW 24TH AVENUE
APT 1
MIAMI FL 33135**

Mailing Address

**433 NW 24TH AVENUE
APT 1
MIAMI FL 33135**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

433 NW 25 AVE 1

Suite, Apt. #, etc.

433 N.W 25 AVE 1

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33125

Country

U.S.A.

Zip

33125

Country

U.S.A.

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
433 NW 25 AVE
APT 1
MIAMI FL 33135**

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/13/02

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, 2002 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** ☐ Delete
NAME **BOSCH, IBRAHIM**
STREET ADDRESS **433 NW 25TH AVENUE APT #1**
CITY-ST-ZIP **MIAMI FL 33135**

TITLE **PD** ☐ Delete
NAME **URRUTIA, MARIO**
STREET ADDRESS **433 NW 25TH AVENUE APT 1**
CITY-ST-ZIP **MIAMI FL 33135**

TITLE **SD** ☐ Delete
NAME **BOSCH, ROSARIO**
STREET ADDRESS **433 NW 25TH AVENUE APT #1**
CITY-ST-ZIP **MIAMI FL 33135**

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
STREET ADDRESS
CITY-ST-ZIP

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

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)(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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/02 (305) 219 8251

Date

Daytime Phone #

CR2E034 (9/01)