

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 07, 2003 8:00 am**  
**Secretary of State**

03-07-2003 90095 025 \*\*\*150.00

**DOCUMENT # P99000101324**

1. Entity Name  
**MARITA APARTMENTS, CORP.**



Principal Place of Business

**433 NW 25TH AVENUE**

APT 1

**MIAMI FL 33135**

Mailing Address

**433 NW 25TH AVENUE**

APT 1

**MIAMI FL 33135**

2. Principal Place of Business

**433 NW 25th AVE**

3. Mailing Address

**433 NW 25th AVE**

Suite, Apt. #, etc.

**apt 1**

Suite, Apt. #, etc.

**apt 1**

City & State

**MIAMI FL**

City & State

**MIAMI FL**

Zip

**33125**

Country

Zip

**33125**

Country

☐ CHECK HERE IF MAKING CHANGES

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**

7. Name and Address of New Registered Agent

Name

**Ibrahim Bosch**

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

**433 NW 25 AVE apt 1**

City

**MIAMI**

FL

Zip Code

**33125**

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, 2003 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	VD	<input type="checkbox"/> Delete
NAME	<b>BOSCH, IBRAHIM</b>	
STREET ADDRESS	<b>433 NW 25TH AVENUE APT #1</b>	
CITY-ST-ZIP	<b>MIAMI FL 33135</b>	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	<b>URRUTIA, MARIO</b>	
STREET ADDRESS	<b>433 NW 25TH AVENUE APT 1</b>	
CITY-ST-ZIP	<b>MIAMI FL 33135</b>	
TITLE	SD	<input type="checkbox"/> Delete
NAME	<b>BOSCH, ROSARIO</b>	
STREET ADDRESS	<b>433 NW 25TH AVENUE APT #1</b>	
CITY-ST-ZIP	<b>MIAMI FL 33135</b>	
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		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>433 NW 25th AVE apt 1</b>	
CITY-ST-ZIP	<b>MIAMI FL 33125</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>433 NW 25th AVE apt 1</b>	
CITY-ST-ZIP	<b>MIAMI FL 33125</b>	
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		

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

**President - 2/26/03 (305) 219-8251**

CR2E034 (10/02)