

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90043 006 ***150.00

DOCUMENT # S44140
 1. Entity Name
MARLA SANCHEZ, INC.

Principal Place of Business 7945 EAST DRIVE #204 MIAMI FL 33141 US	Mailing Address 7945 EAST DRIVE #204 MIAMI FL 33141 3305 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 7945 E Drive, #204 Suite, Apt. #, etc.	3. Mailing Address Same Suite, Apt. #, etc.
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City & State Miami FL	City & State Same	4. FEI Number 65-0259153	Applied For <input type="checkbox"/> Not Applicable
Zip 33141	Country USA	Zip Same	Country Same

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SANCHEZ, MARLA
~~28 W. FLAGLER STREET~~
~~SUITE 806~~
~~MIAMI FL 33130~~

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
7945 E. Drive, #204
 City **Miami** FL Zip Code **33141**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

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, 2000 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST SANCHEZ, MARLA 28 W. FLAGLER STREET, SUITE 806 MIAMI FL	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S EUSEPI, SANDA F 7945 EAST DR., #204 MIAMI FL 33141	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	7945 E. Drive, #204 MIAMI FL 33141	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 line empowered.

SIGNATURE: **X** *[Signature]* **X 3-6-2000 X** (305) 757-8094
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
SANDA F. EUSEPI, SECRETARY
 Date Daytime Phone #

CR2E034 (9/99)