

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S44140

1. Entity Name

MARLA SANCHEZ, INC.

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

04-22-2000 90043 006 ***150.00

Principal Place of Business

Mailing Address

~~7045 EAST DRIVE~~

~~7045 EAST DRIVE~~

~~#204~~

~~#204~~

~~MIAMI FL 33141~~

~~MIAMI FL 33141 3305~~

US

US

2. Principal Place of Business

7945 E Drive, #204

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Miami FL

City & State

4. FEI Number

65-0259153

Applied For

Not Applicable

Zip

33141

Country

USA

Zip

Same

Country

Same

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SANCHEZ, MARLA

~~28 W. FLAGLER STREET~~

~~SUITE 806~~

~~MIAMI FL 33130~~

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

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, 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
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
7945 E Drive, #204
Miami FL 33141
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
EUSEPI, SANDA F
7945 EAST DR., #204
MIAMI FL 33141
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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 like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SANDA F. EUSEPI, SECRETARY

X 3-6-2000 X (305) 757-8094

Date

Daytime Phone #

CR2E034 (9/99)