

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2001 8:00 am**  
**Secretary of State**

04-10-2001 90016 006 \*\*\*150.00

**DOCUMENT # S44140**

1. Entity Name

**MARLA SANCHEZ, INC.** ✓

Principal Place of Business

Mailing Address

**7945 East Drive, #204  
 Miami, Florida 33141**

**Same**

**RUU44333**

2. Principal Place of Business

3. Mailing Address

**7945 East Drive, #204**

**Same**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**#204**

**Same**

City & State

City & State

**Miami, Florida**

**Same**

4. FEI Number

**65-0259153**

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

Zip

Country

Zip

Country

**33141**

**U.S.A.**

**Same**

**Same**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**Marla Sanchez  
 7945 East Drive, #204  
 Miami, Florida 33141**

Name

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

City

**FL**

Zip Code

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President**  Delete  
 NAME **Marla Sanchez**  
 STREET ADDRESS **7945 East Drive, #204**  
 CITY-ST-ZIP **Miami, Florida 33141**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **Secretary**  Delete  
 NAME **Sanda F. Eusepi**  
 STREET ADDRESS **7945 East Drive, #204**  
 CITY-ST-ZIP **Miami, Florida 33141**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
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 STREET ADDRESS  
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TITLE  Change  Addition  
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TITLE  Delete  
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 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

**SANDA F. EUSEPI, SECRETARY**

Date

Daytime Phone #

X 3-29-01 X

CR2E034 (11/00)