

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91515 048 ***150.00

DOCUMENT # S44140

1. Entity Name

MARLA SANCHEZ, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1760 N.E. 144 STREET

3. Mailing Address

SAME AS #2

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI, FLORIDA

City & State

4. FEI Number

65-0259153

Applied For

Not Applicable

Zip

33181

Country

U.S.A.

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

SANDA F. EUSEPI

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

1760 N.E. 144 STREET

City

MIAMI

FL

Zip Code

33181

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT/DIRECTOR MARLA SANCHEZ 1760 N.E. 144 STREET MIAMI, FLORIDA 33181	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY SANDA EUSEPI 1760 N.E. 144 STREET MIAMI, FLORIDA 33181	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SANDA F. EUSEPI, SECRETARY

Date

Daytime Phone #

CR2E034B (12/01)

MacKendree & Company, P.A.

CERTIFIED PUBLIC ACCOUNTANTS

RONALD O. MACKENDREE, C.P.A.
JAIME MAYA, C.P.A.

Attachment
Document #
544140
643340

6701 SUNSET DRIVE
SUITE #101
MIAMI, FLORIDA 33143
(305) 666-9613
(305) 669-9613 (FAX)

TO: Marla Sanchez, Inc.

DATE: 3/28/02

INSTRUCTIONS FOR FILING THE ATTACHED TAX RETURN (ONLY THOSE ITEMS MARKED WITH AN X APPLY)

RETURN ENCLOSED	FORM # UNIFORM BUSINESS REPORT	YEAR <u>2002</u> F.Y.E. _____
TO BE SIGNED AND DATED BY	<input type="checkbox"/> Taxpayer <input checked="" type="checkbox"/> An Officer <u>(Sanda)</u> <input type="checkbox"/> Affix Corporate Seal <input type="checkbox"/> Taxpayer and Spouse <input type="checkbox"/> Any Partner <input type="checkbox"/> Notarization Necessary <input type="checkbox"/> _____ (Please sign and date where "X" appears. Also sign and date retained copy for record purposes.)	
AMOUNT OF TAX <input type="checkbox"/> NONE	<input type="checkbox"/> This is an estimated return, with installments due, as follows: With Return Due on: _____ 19__ \$ _____ _____ 19__ \$ _____ _____ 19__ \$ _____ _____ 19__ \$ _____ <input checked="" type="checkbox"/> XXXXXXXXXXXX Annual Fee \$ <u>150.00</u> <input type="checkbox"/> This is a quarterly return. Tax due \$ _____	
MAKE CHECK PAYABLE TO	<input type="checkbox"/> INTERNAL REVENUE SERVICE <input checked="" type="checkbox"/> Florida Department of State <input type="checkbox"/> Your authorized commercial bank depository or Federal Reserve Bank. Deposit check with bank before due date, accompanied by Form 8109. (The IRS requests that your social security number be shown on the check).	
<input type="checkbox"/> MAIL RETURN ONLY, TO: <input checked="" type="checkbox"/> MAIL RETURN AND CHECK, TO:	<input type="checkbox"/> INTERNAL REVENUE SERVICE <input checked="" type="checkbox"/> Division of Corporations Atlanta, GA 39901 Uniform Business Report Filings <input type="checkbox"/> INTERNAL REVENUE SERVICE Post Office Box #1500 P.O. Box #970004 Tallahassee, FL 32302-1500 St. Louis, MO 63197-0004	
DUE DATE	MAY 1, 2002 - AFTER MAY 1, 2002 THE FILING FEE IS \$550.00	
OVER- PAYMENT	Your return shows an overpayment of \$ _____ We have indicated on the return that such amount <input type="checkbox"/> \$ _____ will be applied against your estimated tax for _____ <input type="checkbox"/> \$ _____ is to be refunded to you automatically.	
REMARKS	PLEASE BE SURE TO FILE TIMELY TO AVOID THE EXCESSIVE LATE FEE OF \$550.00	