

**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

Suite, Apt. #, etc.

3. Mailing Address

SAME AS #2

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

**DO NOT WRITE  
IN THIS SPACE**

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.

**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	SECRETARY SANDA EUSEPI 1760 N.E. 144 STREET MIAMI, FLORIDA - 33181
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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

X 4-1-02 X

Date

Daytime Phone #

CR2E034B (12/01)

