

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2001 8:00 am
Secretary of State

0244955

DOCUMENT # 811770

03-01-2001 91346 015 ***150.00

1. Entity Name
MARLIN BAY APARTMENTS, INC., THE

Principal Place of Business
**2825 NE 33 AVENUE
 FT. LAUDERDALE FL 33308**

Mailing Address
**C/O DAVID L PEARCE
 425 NE 21 STREET
 WILTON MANORS FL 33305**

00000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
1100 E. OAKLAND PK BLVD
 Suite, Apt. #, etc.
104
 City & State
OAKLAND PARK FL
 Zip
33334
 Country
BROWARD

4. FEI Number **59-0844639**
 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**PEARCE, HARRY
 425 NE 21 ST
 WILTON MANORS FL 33305**

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

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	P	<input type="checkbox"/> Delete
NAME	HOWARD, FRANCIS A	
STREET ADDRESS	23 NORFOLK RD	
CITY-ST-ZIP	HOLBROOK MA 02343	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ROTA, SR., HENRY	
STREET ADDRESS	66 SILVER STREET	
CITY-ST-ZIP	RANDOLPH MA 02368	
TITLE	ST	<input type="checkbox"/> Delete
NAME	GAMBLE, KENNETH	
STREET ADDRESS	4850 CAREY DRIVE	
CITY-ST-ZIP	MANILUS FL 13104	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Francis A. Howard
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-20-01 Date Daytime Phone #

CR2E034 (10/00)