## 2002 UNIFORM BUSINESS'REPORT (UBR)

changed, or on an attachment with an address

SIGNATURE:

## Apr 07, 2002 8:00 am Secretary of State DOCUMENT # 811770 03-04-2002 90032 011 \*\*\*150 00 1. Entity Name MARLIN BAY APARTMENTS, INC., THE Principal Place of Business Mailing Address 2825 NE 33 AVENUE 1100 E OAKLAND PARK BLVD FT. LAUDERDALE FL 33308 #104 OAKLAND PARK FL 33334 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-0844639 Not Applicable Zip Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PEARCE, HARRY 425 NE 21 ST WILTON MANORS FL 33305 City 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 ped 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. (10/01 TITLE ☐ Delete TITLE ☐ Change ☐ Addition HOWARD, FRANCIS A NAME NAME 23 NORFOLK RD STREET ADDRESS STREET ADDRESS CP2Fn34 CITY-ST-ZIP HOLBROOK MA 02343 CITY-ST-7IP VP JITLE. Delete TITLE ☐ Change ☐ Addition ROTA, SR., HENRY NAME NAME STREET ADDRESS **66 SILVER STREET** STREET ADDRESS CITY-ST-ZIP RANDOLPH MA 02368 CITY-ST-ZIP TITLE ST Delete TITLE Change Addition NAME CAMBLE: KENNETH NAME MENAMEE, MICHAEL J STREET ADDRESS 4850 CAREY DRIVE STREET ADDRESS CITY-ST-ZIP MANILUS FL 13104 CITY-ST-ZIP TITLE Delete TITLE Addition Сhange NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

Daytime Phone II