

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90084 038 ***150.00

DOCUMENT # P02000022548

1. Entity Name
MAR-SIM ENTERPRISES, INC.



Principal Place of Business
**10935 OLD BRIDGEPORT LN
BOCA RATON FL 33498**

Mailing Address
**10935 OLD BRIDGEPORT LN
BOCA RATON FL 33498**

90004561



2. Principal Place of Business
7810 Oak Grove Circle
Suite, Apt. #, etc.

3. Mailing Address
7810 Oak Grove Circle
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Lake Worth, FL
Zip
33467 Country
USA

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Lake Worth, FL
Zip
33467 Country
USA

4. FEI Number
71-0885019 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SIMON, MARIA
10935 OLD BRIDGEPORT LN
BOCA RATON FL 33498**

7. Name and Address of New Registered Agent

Name
Simon, Maria
Street Address (P.O. Box Number is Not Acceptable)
7810 Oak Grove Circle
City
Lake Worth, FL Zip Code
33467

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Maria Simon** **Maria Simon** **1-13-03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMON, MARIA 10935 OLD BRIDGEPORT LN BOCA RATON FL 33498 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Simon, Maria 7810 Oak Grove Circle Lake Worth, FL 33467 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE SIGNATURE**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-03 **561-433-5966**
Date Daytime Phone #

CR2E034 (10/02)