

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90224 012 ***150.00

DOCUMENT # P99000085007

1. Entity Name
MARRIC OF BOCA RATON, INC.

Principal Place of Business 22381 S.W. 66TH AVENUE, APT. 806 BOCA RATON FL 33428	Mailing Address 22381 S.W. 66TH AVENUE, APT. 806 BOCA RATON FL 33428-5307
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2. Principal Place of Business 3420 45th Street	3. Mailing Address 3420 45th Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State West Palm Beach FL	City & State West Palm Beach, FL	4. FEI Number 65-0950463	Applied For <input type="checkbox"/> Not Applicable
Zip 33407	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent COLON, RICHARD 22381 S.W. 66TH AVENUE, APT. 806 BOCA RATON FL 33428	7. Name and Address of New Registered Agent Name Maria V. Adorno Street Address (P.O. Box Number is Not Acceptable) 3420 45th Street City West Palm Beach, FL Zip Code 33407
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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 *Maria V. Adorno* **President** DATE **5/1/00**
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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	D COLON, RICHARD 22381 S.W. 66TH AVENUE, APT. 806 BOCA RATON FL 33428 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Maritza Collins 10375 Oliver Lane Royal Palm Beach, FL 33411 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADORNO, MARIA V 22381 S.W. 66TH AVENUE, APT. 806 BOCA RATON FL 33428 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Maria V. Adorno* DATE: *5/1/00* (561) 688-9793
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/93)