

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Jul 10, 2002 8:00 am**  
**Secretary of State**

07-10-2002 90198 036 \*\*\*\*50.00

**DOCUMENT # L99000003132**

1. Entity Name

**MARDER & GONZALEZ, LLC**

Principal Place of Business

**200 EAST LAS OLAS BOULEVARD, SUITE 1440  
FT. LAUDERDALE FL 33301**

Mailing Address

**200 EAST LAS OLAS BOULEVARD, SUITE 1440  
FT. LAUDERDALE FL 33301****969957**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number **58-2017922**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**GONZALEZ-GOETZ, LISA ESQ.  
200 EAST LAS OLAS BOULEVARD, SUITE 1440  
FT. LAUDERDALE FL 33301**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00****Make Check Payable to Department of State  
Due By September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (4/02)