2000 UNIFORM BUSINESS REPORT (UBR)

ATX1

DOCUMENT # P 98000045248

FILED
02 AUG -2 AM 8:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name
MARCECA ENTERPRISES, INC.

Principal Place of Business	Mailing Address

2. Principal Place of Business	3. Mailing Address
1701 E. ATLANTIC BLVD	1701 E. ATLANTIC BLVD.
Suite, Apt. #, etc.: SUITE # 2	Suite, Apt. #, etc.: SUITE # 2
City & State: POMPANO BEACH, FL.	City & State: POMPANO BEACH, FL.
Zip: 33060 Country: BROWARD	Zip: 33060 Country: BROWARD

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0838839 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name: EXPERT TAX
Street Address (P.O. Box Number is Not Acceptable): 1701 E. ATLANTIC BLVD.
SUITE # 2
City: POMPANO BEACH, FL Zip Code: 33060

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: Roberto Marceca 4/19/2002
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Date

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 MARCECA, ROBERT 20385 HACIENDA COURT BOCA RATON, FL. 33498	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY - ST - ZIP	☐ Change ☐ Addition
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CR2E034 (9/99)

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: Roberto Marceca 04/19/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date