2001 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 20, 2001 8:00 am DOCUMENT # 623993 · **Secretary of State** 1. Entity Name MAREST PROPERTIES, INC. 03-20-2001 90018 050 ***150.00 Principal Place of Business Mailing Address C/O STOLAR, ALLEN D. C/O STOLAR. ALLEN D. 290 NW 165TH ST., #M-400 290 NW 165TH ST., #M-400 004044 MIAMI FL 33169-6457 MIAMI FL 33169-6457 2. Principal Place of Business 3. Mailing Address 18181 NE 31ST COURT 18181 NE 31ST COURT Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 706 706 City & State City & State Applied For 4. FEI Number NOT APPLICABLE N MIAMI BEACH, FL N MIAMI BEACH Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 33160 33160 MIAMI-DADE MIAMI-DADE Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STOLAR, ALLEN D Street Address (P.O. Box Number is Not Acceptable) 21249 HARROW COURT **BOCA RATON FL 33433-7453** City Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 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. ☐ Addition ☐ Delete ☐ Change TITLE TITLE MARGULES, ESTELLE E. NAME NAME STREET ADDRESS 18181 N.E. 31ST CT #706 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP N. MIAMI BEACH FL Change ☐ Addition ☐ Delete TITLE TITLE MARGULES, ARLYNNE NAME NAME 18181 N.E. 31ST CT #706 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP N. MIAMI BEACH FL ☐ Change ☐ Addition TITLE Delete TITLE MARGULES, MELINDA NAME NAME STREET ADDRESS 18181 NE 31 CT #706 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Detete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

03/16/01

Daytime Phone #