

FILED
Apr 09, 2002 8:00 am
Secretary of State

03-06-2002 90079 021 ****70.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 722486

1. Entity Name

MARANATHA APARTMENTS, INC.

Principal Place of Business

11 S.W. 4TH AVENUE
BOCA RATON FL 33432

Mailing Address

11 S.W. 4TH AVENUE
BOCA RATON FL 33432

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

23-7415032

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

BROWER, EVELYN C.

11 SW 4TH AVE, APT C-26
BOCA RATON FL 33432

Name LAW, ISOBEL T.

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

11, S.W. 4TH AVE., APT. C-25

City

BOCA RATON

FL

Zip Code

33432

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

Isobel T. Law

ISOBEL T. LAW, TD.

3/27/02.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	LOURDE, RICHARD E	
STREET ADDRESS	11 SW 4TH AVE APT B-15	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WATKINS, PAULINE	
STREET ADDRESS	11 SW 4TH AVE., APT. B-22	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	BROWER, EVELYN C.	
STREET ADDRESS	11 SW 4TH AVE., APT C-26	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BUTLER, ELEANOR	
STREET ADDRESS	11 SW 4TH AVENUE, APT B-17	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	BD	<input type="checkbox"/> Delete
NAME	MEYER, RALPH	
STREET ADDRESS	11 SW 4TH AVE. APT C-25	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAW, ISOBEL T.	
STREET ADDRESS	11 SW 4TH AVE., APT C-25	
CITY-ST-ZIP	BOCA RATON, FL 33432	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 617, 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 REQUIRED ISOBEL T. LAW.

3/25/02.

(561) 375-0870

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2007 (9/01)