

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

Mariala III, Inc.

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90108 023 ****61.25

A0060887

DO NOT WRITE IN THIS SPACE

Principal Place of Business

7015 Beracasa Way

Suite 204

Boca Raton, FL 33433

Mailing Address

7015 Beracasa Way

Suite 204

Boca Raton, FL 33433

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2043056

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

Paul E. Heimberg

7015 Beracasa Way

Suite 204

Boca Raton, FL 33433

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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)

DATE

FILE NOW:
FEE IS \$61.259. 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 PD ☐ Delete
NAME Mindy Kahan
STREET ADDRESS 20975 Pinar Trail
CITY-ST-ZIP Boca Raton, FL 33433TITLE SD ☐ Delete
NAME Denise Heimberg
STREET ADDRESS 20982 Pinar Trail
CITY-ST-ZIP Boca Raton, FL 33433TITLE TD ☐ Delete
NAME Brian Kahan
STREET ADDRESS 20982 Pinar Trail
CITY-ST-ZIP Boca Raton, FL 33433TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mindy Kahan

4/16/01

(561) 488-4922

Date

Daytime Phone #

CR2E037 (11/00)