2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # 751064 Mar 07, 2000 8:00 am 1. Entity Name **Secretary of State** MARJA APARTMENTS, INC. 03-07-2000 90041 034 ****61.25 Principal Place of Business Mailing Address 202 SO. FEDERAL HWY. APT 1 202 SO. FEDERAL HWY. APT 1 LAKE WORTH FL 33460 LAKE WORTH FL 33460-4260 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2088541 Not Applicable Zip Country Zip Country \$8.75 Additional Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent -Name Street Address (P.O. Box Number is Not Acceptable) LAHTI, DONALD W 202 SO. FEDERAL HIGHWAY APT 1 LAKE WORTH FL 33460 Zip Code City 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) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Addition DC ☐ Delete TITLE ☐ Change EGLY, JOSEPH NAME STREET ADDRESS STREET ADDRESS 202 S FED HWY APT 2 CITY-ST-ZIP CITY-ST-ZIP LAKE WORTH FL 33460 DVC ☐ Delete TITLE Change ☐ Addition TITI F NAME NAME **CUTTRESS, WAYNE** STREET ADDRESS STREET ADDRESS 2406 PRINCESS AVE CITY-ST-ZIP CITY-ST-ZIP WINDSOR, ONTARIO TITLE ☐ Delete TITLE ☐ Change ☐ Addition י ת NAME NAME LAHTI BEATRICE STREET ADDRESS STREET ADDRESS 202 S FED HWY APT 1 CITY-ST-ZIP CITY-ST-ZIP <u>lake worth fl</u> ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME Lahti. Donald STREET ADDRESS STREET ADDRESS 2025 S FED HWY APT 1 CITY-ST-ZIP CITY-ST-7IP LAKE WORTH FL 33460 Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Delete TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 attackment with an address, with all other like empowered.

SIGNATURE: SIGNATURE: STANDARD LAHTI 3/3/2000 586-8070

PARTIES AND TYPE OR SHIPTED NAME OF SIGNING OFFICES OR DIRECTOR.

Date Description of the standard of th