

# 2002 UNIFORM BUSINESS REPORT (UBR)

0000928 AT

DOCUMENT # A96000002032

1. Entity Name

MARRON ENTERPRISES, LTD.

FILED

02 AUG 14 AM 10:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

5107 BANYAN LANE  
TAMARAC FL 33319

Mailing Address

5107 BANYAN LANE  
TAMARAC FL 33319

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

DUE BY SEPTEMBER 25, 2002

4. FEI Number 65-0703357

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

SINGER, BERNARD A ESQUIRE  
4700 SHERIDAN STREET, SUITE B  
HOLLYWOOD FL 33021

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

DATE

9. Capital Contributions

\$2,000,000.00

10. Amount of Capital Contributions

in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE

SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT #	
NAME	MARRON, IRVING TRUSTEE
STREET ADDRESS	5107 BANYAN LANE
CITY-ST-ZIP	TAMARAC FL 33319
DOCUMENT #	
NAME	MARRON, ANN TRUSTEE
STREET ADDRESS	5107 BANYAN LANE
CITY-ST-ZIP	TAMARAC FL 33319
DOCUMENT #	
NAME	MARRON, IRVING TRUSTEE
STREET ADDRESS	5107 BANYAN LANE
CITY-ST-ZIP	TAMARAC FL 33319
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NAME	MARRON, ANN TRUSTEE
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DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	700007161117--5
CITY-ST-ZIP	08/16/02-01013-007
	****926.25 ****926.25
STREET ADDRESS	700007161117--5
CITY-ST-ZIP	-08/16/02-01013-008
	*****8.75 *****8.75
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (4/02)