

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000001397

E-LAY, LTD.

FILED

01 MAY -1 PM 6:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
9050 PINE BOULEVARD, SUITE 450  
PEMBROKE PINES FL 33024

Mailing Address  
P.O. BOX 1119  
PALM BEACH FL 33480

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 65-0900150

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

MARIO BRAMNICK, ESQUIRE, P.A.  
9050 PINE BOULEVARD, SUITE 450  
PEMBROKE PINES FL 33024

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. (NOT: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record. \$7,000.00

10. Amount of Capital Contributions in FLORIDA to date. 7000.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT # 565969  
NAME MARZE CORP.  
STREET ADDRESS 9050 PINES BOULEVARD, SUITE 450  
CITY-ST-ZIP PEMBROKE PINES FL 33024

STREET ADDRESS

300004221109-5

CITY-ST-ZIP

-05/16/01-01124-000

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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 #

4-15-01 954-4300220

CR2E003 (11/00)