## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 19, 2002 8:00 am Secretary of State DOCUMENT # G02066 1. Entity Name MARJORIE ELLIN, INCORPORATED 05-19-2002 90248 037 \*\*\*150.00 Principal Place of Business Mailing Address 4547 SW 75TH AVE. 4547 SW 75TH AVE. MIAMI: FL 33155 MIAMI FL 33155 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2231409 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MEYERS, STEVEN M. Street Address (P.O. Box Number is Not Acceptable) 2 S BISCAYNE BLVD **MIAMI FL 33131** 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. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 TITLE ☐ Delete TITLE Change ☐ Addition EISENBERG, MARJORIE NAME NAME 5333 SW 71ST PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI, FL 00000** CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete EISENBERG, WILLIAM NAME NAME **5333 SW 71ST PLACE** STREET ADDRESS STREET ADDRESS MIAMI, FL 00000 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP -CITY-ST-ZiP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

CITY-ST-ZIP 13. 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

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