

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G23614

1. Entity Name

MARUN, INC.

FILED
Jul 17, 2000 8:00 am
Secretary of State

07-17-2000 90076 032 ***558.75

Principal Place of Business

2229 NW 23 WY
BOCA RATON FL 33431

Mailing Address

2229 NW 23 WY
BOCA RATON FL 33431

2. Principal Place of Business

6536 LANDINGS COURT

3. Mailing Address

6536 LANDINGS COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOCA RATON FL.

City & State

BOCA RATON FL.

Zip

33496

Country

PALM BEACH

Zip

33496

Country

PALM BEACH

4. FEI Number

65-0494322

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARUN, DELIA
2229 NW 23 WY
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

Name

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

6494 N.W. 38 WAY

City

BOCA RATON

FL

Zip Code

33496

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

Delia Marun

7-10-00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)



FILE NOW!!! FEE IS \$550.00

After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.



**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

P

MARUN, MARIO

5817 SCHOONER WAY

TAMPA FL

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VP

MARUN, DELIA NADERDE

5817 SCHOONER WAY

TAMPA FL

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SEC. & TREAS

MARUN, MARIO ENRIQUE

6494 N.W. 38 WAY

BOCA RATON, FL. 33496

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☒ Change

☐ Addition

6494 N.W. 38 WAY

BOCA RATON, FL. 33496

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☒ Change

☐ Addition

6494 N.W. 38 WAY

BOCA RATON, FL. 33496

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☒ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

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STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *X*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REQUIRED

DATE

7-10-00

DAYTIME PHONE #

(561) 994-3169