

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91161 018 ***150.00

DOCUMENT #

1. Entity Name

G31862

MARCO BEACH RENTALS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

365 Fifth Avenue South

Suite, Apt. #, etc.

Suite 201

City & State

Naples, FL

Zip

34102

Country

USA

3. Mailing Address c/o David Nassif Co.

195 Worcester Street

Suite, Apt. #, etc.

Suite 301

City & State

Wellesley Hills, MA

Zip

02481

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2780482

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Antaramian, Jack J.

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

365 Fifth Avenue South, Suite 201

City

Naples

FL

Zip Code

34102

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)

DATE

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

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

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	VD
NAME	Nassif, David E.
STREET ADDRESS	51 Scotch Pine Road
CITY - ST - ZIP	Wellesley, MA 02481
TITLE	PTD
NAME	Antaramian, Jack J.
STREET ADDRESS	365 Fifth Avenue South, Suite 201
CITY - ST - ZIP	Naples, FL 34102
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-02

781-431-1030

Date

Daytime Phone

David E. Nassif

CR2E034B (12/01)