

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 17, 2001 8:00 am**  
**Secretary of State**

04-17-2001 90066 016 \*\*\*150.00

U2/99309

**DOCUMENT # H35205**

1. Entity Name  
**MARILYN'S WORLD, INC.**

Principal Place of Business <b>4630 N. UNIVERSITY DRIVE          LAUDERHILL FL 33351</b>	Mailing Address <b>4630 N. UNIVERSITY DRIVE          LAUDERHILL FL 33351</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-2481209</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**  
**KENT, MARILYN**  
**604 N.W. 106TH AVE.**  
**PLANTATION FL 33324**

**7. Name and Address of New Registered Agent**  
 Name **ALVIN H KENT**  
 Street Address (P.O. Box Number is Not Acceptable) **604 NW 106 AVE**  
 City **PLANTATION** FL Zip Code **33324**

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 DATE **4-10-01**  
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 Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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 DP KENT, MARILYN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 604 N.W. 106TH AVE.	
CITY-ST-ZIP PLANTATION FL	
TITLE NAME ST KENT, ALVIN H.	<input type="checkbox"/> Delete
STREET ADDRESS 604 N.W. 106TH AVE.	
CITY-ST-ZIP PLANTATION FL	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME ST ALVIN H KENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 604 NW 106 AVE	
CITY-ST-ZIP PLANTATION, FL 33324	
TITLE NAME D P ALVIN KENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 604 NW 106 AVE	
CITY-ST-ZIP PLANTATION, FL 33324	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
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 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: DATE **4-10-01** DAYTIME PHONE # **954-472-4776**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)