

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 05, 2000 8:00 am
Secretary of State

04-05-2000 90075 016 ***150.00

DOCUMENT # H52762

1. Entity Name

MARLIN INDUSTRIES, INC.

Principal Place of Business

C/O WAYNE L. RAUCH
 871 E COMMERCIAL BLVD
 FT LAUDERDALE FL 33334

Mailing Address

C/O WAYNE L. RAUCH
 871 E COMMERCIAL BLVD
 FT LAUDERDALE FL 33334-3241

2. Principal Place of Business

C/O WAYNE L. RAUCH

3. Mailing Address

SAME

Suite, Apt. #, etc.

5300 North Federal Hwy

City & State

Fort Lauderdale FL

City & State

Zip

Country

33308

US

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DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0098603

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RAUCH, WAYNE L.
 871 E COMMERCIAL BLVD
 FT LAUDERDALE FL 33334

7. Name and Address of New Registered Agent

Name WAYNE L. RAUCH

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

5300 North Federal Hwy

City Ft Lauderdale FL

Zip Code 33308

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

Wayne L. Rauch

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-30-00

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, 2000 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	PD	<input checked="" type="checkbox"/> Delete
NAME	RAUCH, WAYNE L.	
STREET ADDRESS	871 E COMMERCIAL BLVD	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	RAUCH, DOROTHY MCLELL	
STREET ADDRESS	871 E COMMERCIAL BLVD	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRES/TREAS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAYNE L. RAUCH	
STREET ADDRESS	5300 North Federal Hwy	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	
TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOROTHY M. RAUCH	
STREET ADDRESS	5300 North Federal Hwy	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Wayne L. Rauch Pres 3-30-00 954-484-4708

CR2E034 (9/99)