

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J93409

1. Entity Name

MARAIST AND ASSOCIATES, INC.

FILED

May 03, 2001 8:00 am
Secretary of State

05-03-2001 91113 046 ***150.00

Principal Place of Business

Mailing Address

3910 RCA BLVD
SUITE 1011
PALM BEACH GARDENS FL 33410
US

3910 RCA BLVD
SUITE 1011
PALM BEACH GARDENS FL 33410
US

2. Principal Place of Business

3. Mailing Address

3950 RCA BLVD
Suite 5050

3950 RCA BLVD
Suite 5050

City & State

City & State

Same

Same

Zip

Country

Same

Same

Zip

Country

Same

Same



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0027143

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARAIST, JILL
114 FAIRVIEW EAST
TEQUESTA FL 33469

Name

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

City

FL

Zip Code

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)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP
NAME MARAIST, JILL
STREET ADDRESS 114 FAIRVIEW E
CITY-ST-ZIP TEQUESTA FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ST
NAME MARAIST, FRANCIS B., JR.
STREET ADDRESS 114 FAIRVIEW E
CITY-ST-ZIP TEQUESTA FL

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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 #

4-24-01 561-624-9493

CR2E034 (10/00)