FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2004 8:00 am
Secretary of State
04-02-2004 90059 021 ***150.00

DOCUMENT # K 30556

1. Entity Name
2001 MARATHON, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
604 N.E 2nd St
Suite, Apt. #, etc.
224
City & State
DANIA, FL
Zip 33004 Country BROWARD

3. Mailing Address
SAME
Suite, Apt. #, etc.
"
City & State
"
Zip " Country "

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0138686
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name
Ruth Mazzamer
Street Address (P.O. Box Number is Not Acceptable)
604 N.E 2nd St
DANIA
City FL Zip Code 33004

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Ruth Mazzamer 3/30/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	President
NAME	Judith Mazzamer
STREET ADDRESS	604 N.E 2nd St
CITY-ST-ZIP	DANIA, FL 33004
TITLE	Sec/Treas
NAME	Ruth Mazzamer
STREET ADDRESS	604 N.E 2nd St
CITY-ST-ZIP	DANIA, FL 33004
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NAME	
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CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Judith Mazzamer 3/30/04 954-925-4550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
JUDITH MAZZAMER