2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State
05-22-2002 90203 042 ****50.00

DOCUMENT # L01000018616

1. Entity Name
MARCVAN ENTERPRISES, LLC

Principal Place of Business	Mailing Address
15948 D'ALENE DRIVE DELRAY BEACH FL 33446	15948 D'ALENE DRIVE DELRAY BEACH FL 33446

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
1181 S. Rogers Cr.		1181 S. Rogers Cr.	
Suite, Apt. #, etc. 21		Suite, Apt. #, etc. Ste. 21	
City & State Boca Raton, FL.		City & State Boca Raton, FL.	
Zip 33487	Country	Zip 33487	Country

4. FEI Number 22-3839517 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
VERDERAME, ANTHONY 15948 D'ALENE DRIVE DELRAY BEACH FL 33446	Name Anthony Verderame Street Address (P.O. Box Number is Not Acceptable) 1181 S. Rogers Cr. Ste. 21 City Boca Raton FL Zip Code 33487

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]
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE MGRM NAME Anthony Verderame STREET ADDRESS 1181 S. Rogers Cr. St. 21 CITY-ST-ZIP Boca Raton, FL. 33487	☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [signature] SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)