

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

**15948 D'ALENE DRIVE
 DELRAY BEACH FL 33446**

Mailing Address

**15948 D'ALENE DRIVE
 DELRAY BEACH FL 33446**

2. Principal Place of Business

**1181 S. Rogers Cr.
 Suite, Apt. #, etc.
 21**

3. Mailing Address

**1181 S. Rogers Cr.
 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

**VERDERAME, ANTHONY
 15948 D'ALENE DRIVE
 DELRAY BEACH FL 33446**

7. Name and Address of New Registered Agent

Name **Anthony Verderame**

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

1181 S. Rogers Cr. Ste. 21

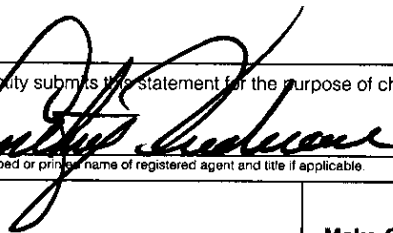
City **Boca Raton**

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 

(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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☒ Addition
 NAME **MGRM**
 STREET ADDRESS **Anthony Verderame**
 CITY-ST-ZIP **1181 S. Rogers Cr. Ste. 21
 Boca Raton, FL 33487**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

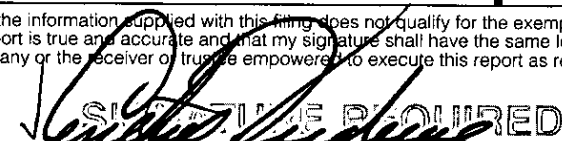
TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)