

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90141 027 ***150.00

DOCUMENT # L60990

1. Entity Name

MARWAN, INC.

Principal Place of Business

**1005 N. SEACREST BLVD.
BOYNTON BEACH FL 33435**

Mailing Address

**1005 N. SEACREST BLVD.
BOYNTON BEACH FL 33435-3003**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0197319

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GALI, SUHAIR
1005 N SEACREST BLVD
BOYNTON BEACH FL 33435**

7. Name and Address of New Registered Agent

Name **RADI GALI**

Street Address (P.O. Box Number is Not Acceptable)
1005 N. SEACREST BLVD.

City **BOYNTON BEACH**

FL

Zip Code **33435**

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] **RADI GALI**

[Signature] **2-1-2000**

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, 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 NAME STREET ADDRESS CITY-ST-ZIP	P SUHAIR, R. GALI 1005 N SEACREST BLD BOYNTON BEACH FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES., DIR- HALA MUHTASIB 1005 N. SEACREST BLVD. BOYNTON BEACH, FL 33435	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P., S, T, DIR. RADI GALI 1005 N. SEACREST BLVD. BOYNTON BEACH, FL 33435	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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] **RADI GALI**

[Signature] **2-1-2000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)