2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000008060

1. Entity Name

MARS SPANISH RIVER REALTY ASSOC, LLC

APPROVED AND FILED

00 JUN -6 PM 2:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
17674 SCARSDALE WAY BOCA RATON FL 33496	17674 SCARSDALE WAY BOCA RATON FL 33496
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0927053 ☐ 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
LOIS KANIVIC 17674 SCARSDALE WAY BOCA RATON FL 33496	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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.	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE MGRM NAME LOIS KANIVIC STREET ADDRESS 17674 SCARSDALE WAY CITY-ST-ZIP BOCA RATON FL 33496	☐ Change ☐ Add 900003297369--6 -06/20/00--01061--022 *****50.00 *****50.00
TITLE MGRM NAME SALLIE KANIVIC STREET ADDRESS 43 SPECTOR LANE CITY-ST-ZIP PLAINVIEW NY 11803	☐ Change ☐ Add
TITLE MGRM NAME RONALD SCOTT KANIVIC ☐ Delete STREET ADDRESS 301 EAST 69TH STREET CITY-ST-ZIP APT 8H NY NY 10019	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	☐ Change ☐ Add

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

SIGNATURE: [signature] LOIS KANIVIC 4/29/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #