2003 FOR PROFIT CORPORATION

Apr 23, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** M95209 DOCUMENT # 04-23-2003 90152 027 ***150.00 1. Entity Name THE MAR - WEN COMPANY Principal Place of Business Mailing Address 9217 BOCA GARDEN CIRCLE S. 9217 BOCA GARDEN CIRCLE S. SUITE B SUITE B **BOCA RATON FL 33496 BOCA RATON FL 33496** 2. Principal Place of Business 3. Mailing Address 3083 WHODELL AVE AVE CC3 WAODELL Suite, Apt. #. etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 65-0086287 DEST PALM Not Applicable Country USA Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent TERN, MARTIN STERN MARTIN 9217 BOCA GARDENS CIRCLE S. **BOCA RATON FL 33496** WEST PALM 8. The above named entity submits this statement for the purpose of manging its registered office or registered agent, or both, in the State of Florida. the obligations of registered agent MARTIN SIGNATURE Signature, typed or printed (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be Added to Fees After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. MRES, SEC ☐ Addition TITLE ☐ Delete TITLE MARTIN STERN 3083 WAODELL AUF STERN, MARTIN A NAME NAME 9217-B BOCA GARDENS CIRCLE S. STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33496** CITY-ST-ZIF CITY-ST-ZIP WEST PALM BEACH TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE TITLE □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 Block 11 if changed, or on an attachment with

CITY-ST-ZIP

SIGNATURE:

CITY-ST-7IP