

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 07, 2001 8:00 am
Secretary of State

08-07-2001 90022 039 ***150.00

DOCUMENT

1. Entity Name **MARNCORI INC**

Principal Place of Business

Mailing Address

1030 SANCTUARY COVE DR.
NORTH PALM BEACH, FL 33410

774244

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

SAME AS ABOVE

3. Mailing Address

1030 SANCTUARY COVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

N. PALM BEACH, FL

4. FEI Number

65-1012898

Applied For

Not Applicable

Zip

Country

Zip

Country

33410

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

MARC RIFKIN
1030 SANCTUARY COVE DR.
N. PALM BEACH, FL 33410

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7-31-01

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 \$550.00

After September 12, 2001 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V. P.
MARC RIFKIN
1030 SANCTUARY COVE DR.
N. PALM BEACH, FL 33410

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRES
SANDRA RIFKIN
4539 LUXEMBURG CT. APT 303
LAKE WORTH, FL 33467

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-31-01

561 329 9809

561 655 7001

CR2E034 (5/01)

attachment
774244

**Marncori Inc.
1030 Sanctuary Cove Dr.
North Palm Beach, Fl. 33410
561-329-9809 Ph
561-655-7002 Fax**

07/31/01

**Division of Corporations
409 East Gaines St.
Tallahassee, Fl. 32399**

To Whom It May Concern,

Last week I spoke to one of the agents at your office and explained that I had moved and did not receive the application for yearly report. I was told to enclose the regular fee with an explanation as to the circumstances.

I apologize for this happening and will be more cognoscente of filing on time.

Thank you.


Marc Rifkin