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## 2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with

SIGNATURE:

## Jan 30, 2002 8:00 am P00000089895 DOCUMENT # Secretary of State 1. Entity Name 01-30-2002 90140 037 \*\*\*150 00 MAREMAR INVESTMENT, INC. Principal Place of Business Mailing Address 6494 N.W. 38TH WAY 6494 N.W. 38TH WAY RUUTATDA **BOCA RATON FL 33496 BOCA RATON FL 33496** 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 65-1042365 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MARUN, MARIO E Street Address (P.O. Box Number is Not Acceptable) 6494 N.W. 38TH WAY **BOCA RATON FL 33496** City Zip Code FL Fose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) ed agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CR2E034 (9/01) ☐ Addition TITLE PSD ☐ Delete TITLE Change MARUN, MARIO E NAME NAME 6494 N.W. 38TH WAY STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33496** CITY-ST-ZIP CITY-ST-7IP ☐ Addition Change ☐ Delete TITLE MARUN, SANDRA NAME STREET ADDRESS 6494 N.W. 38TH WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33496** ☐ Delete -Change ☐ Addition TITLE TD TITLE NAME MARUN, DELIA NAME STREET ADDRESS 6494 N.W. 38TH WAY STREET ADDRESS **BOCA RATON FL 33496** CITY-ST-ZIP CITY-ST-ZIE Change ☐ Addition Delete TITLE DILE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filling does not currently 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 trusted in the corporation or the receiver or trusted in the corporation of the corporation of the corporation of the corporation of the receiver or trusted in the corporation of the receiver or trusted in the corporation of the corporation of the corporation of the corporation of the receiver or trusted in the corporation of the corporation o

Date

Daytime Phone #