

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90075 026 ***150.00

0433770

DOCUMENT # P00000098547

1. Entity Name

MAR ENTERPRISES, INC.

Principal Place of Business

**451 W SILVER STAR ROAD
OCOE FL 34761**

Mailing Address

**451 W SILVER STAR ROAD
OCOE FL 34761**

2. Principal Place of Business

3. Mailing Address

PO BOX 640

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

OCOE FL

4. FEI Number

59-3677397

Applied For

Not Applicable

Zip

Country

Zip

Country

34761

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CENDEJAS, ROBERTO
451 W SILVER STAR ROAD
OCOE FL 34761**

7. Name and Address of New Registered Agent

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

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPS** ☐ Delete
NAME **ROBERTO C. CENDEJAS**
STREET ADDRESS **451 W. SILVER STAR RD.**
CITY-ST-ZIP **OCOE FL 34761**

TITLE **DPS** ☐ Change ☒ Addition
NAME **ROBERTO C. CENDEJAS**
STREET ADDRESS **451 W. SILVER STAR RD.**
CITY-ST-ZIP **OCOE FL 34761**

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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: **Roberto C. Cendejas**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/3/01

(407)

654-7744

CR2E034 (10/00)