

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000101350

1. Entity Name

MARMAR ASSOCIATES, INC.

Principal Place of Business

5343 NW 126 DR.  
CORAL SPRINGS FL 33076

Mailing Address

5343 NW 126 DR.  
CORAL SPRINGS FL 33076

2. Principal Place of Business

5343 NW 126 DR

Suite, Apt. #, etc.

3. Mailing Address

5343 NW 126 DR

Suite, Apt. #, etc.

City & State

Coral Springs, FL

Zip

33076

Country

USA

City & State

Coral Springs

Zip

33076

Country

USA

4. FEI Number

05-1051757

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SILVA, MARCELO C  
5343 NW 126 DR.  
CORAL SPRINGS FL 33076

7. Name and Address of New Registered Agent

Name

JULIANA AQUILINO

Street Address (P.O. Box Number is Not Acceptable)

3961 N. Federal Hwy

City

Pompano Beach

FL

Zip Code

33064

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

04/04/01

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 \$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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS SILVA, MARCELO C  
CITY-ST-ZIP 5343 NW 126 DR.  
CORAL SPRINGS FL 33076

TITLE ☐ Delete  
NAME D  
STREET ADDRESS SILVA, ALEXANDRA C  
CITY-ST-ZIP 5343 NW 126 DR.  
CORAL SPRINGS FL 33076

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE ☐ Change ☐ Addition  
NAME  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/04/01

954-340-1206

CR2E034 (10/00)

0139987

FILED  
Apr 25, 2001 8:00 am  
Secretary of State

04-25-2001 90118 038 \*\*\*150.00

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DO NOT WRITE IN THIS SPACE