

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000107334**

1. Entity Name

MAR Y SOL SERVICES, INC.**FILED**
Jan 18, 2001 8:00 am
Secretary of State

01-18-2001 90003 039 ***150.00

0284352

Principal Place of Business
1336 F S. MILITARY TRAIL
WEST PALM BEACH FL 33415Mailing Address
1336 F S. MILITARY TRAIL
WEST PALM BEACH FL 33415**00005194**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1336 S. Military Trail		3. Mailing Address 1336 S. Military Trail	
Suite, Apt. #, etc. D		Suite, Apt. #, etc. D	
City & State West Palm Beach FL		City & State West Palm Beach FL	
Zip 33415	Country USA	Zip 33415	Country USA

4. FEI Number 65-1058148	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GONZALEZ, MARTA 1336 F S. MILITARY TRAIL WEST PALM BEACH FL 33415		7. Name and Address of New Registered Agent Name MARTA GONZALEZ Street Address (P.O. Box Number is Not Acceptable) 1336-D S. Military Trail City W.P.B FL 33415	
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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)

1/8/01

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 State10. 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	PD GONZALEZ, MARTA 1336 F S. MILITARY TRAIL WEST PALM BEACH FL 33415 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GONZALEZ, MARTA 1336 D S. Military Trail WEST PALM BEACH, FL 33415 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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

1/8/01 (561) 433-9574

Date

Daytime Phone #

CR2E034 (10/00)