2002 UNIFORM BUSINESS REPORT (UBR)

May 17, 2002 8:00 am Secretary of State **DOCUMENT #** P00000107334 1. Entity Name MAR Y SOL SERVICES, INC. 05-17-2002 90006 043 ***150.00 Principal Place of Business Mailing Address 1336 F S. MILITARY TRAIL 1336 F S. MILITARY TRAIL WEST PALM BEACH FL 33415 WEST PALM BEACH FL 33415 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. _Suite, Apt..#, etc.__ _ -DO NOT WRITE-IN-THIS-SPACE ---City & State City & State 4. FEI Number Applied For 65-1058148 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 GONZALEZ, MARTA Street Address (P.O. Box Number is Not Acceptable) 1336 D S. MILITARY TRAIL WEST PALM BEACH FL 33415 City 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) 9. This corporation is eligible to satisfy its Intangible. FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. ~10.÷Election Campaign Financing: -\$5:00 May Be After May 1, 2002 Fee will be \$550.00 (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change CR2E034 (9/01) ☐ Addition GONZALEZ, MARTA NAME NAME STREET ADDRESS 1336 D S MILITARY TRAIL STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33415 CITY-ST-ZIP TITLE . . . Delete TITLE ☐ Change ☐ Addition NAME_____ NAME STREET ADDRESS 5 1.23 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change: NAME STREET ADDRESS 19. 31 37 5 11 STREET ADDRESS CÎTY-ST-ZIP CITY-ST-ZIP मिहिल के दें कर दिया । जिल्ल ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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Daytime Phone #

FILED