

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90182 023 ***150.00

DOCUMENT # P01000000751

1. Entity Name
MARY BEES, INC.



Principal Place of Business
**7240 SW 53RD AVE.
MIAMI FL 33143**

Mailing Address
**7240 SW 53RD AVE.
MIAMI FL 33143**



2. Principal Place of Business
**6660 143 ST N
Suite, Apt. #, etc.
PALM BEACH GARDENS FL**

3. Mailing Address
**6660 143 ST N
Suite, Apt. #, etc.**

☒ CHECK HERE IF MAKING CHANGES

City & State
33418

City & State
PALM BEACH GARDENS FL

4. FEI Number **65-1071891**

Applied For
Not Applicable

Zip
33418

Country
USA

Zip
33418

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CARROLL, MARY M
7240 SW 53RD AVE.
MIAMI FL 33143**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PVST
CARROLL, MARY M
7240 SW 53RD AVE.
MIAMI FL 33143** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CARROLL, MARY M
7240 SW 53RD AVE.
MIAMI FL 33143** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VS
MCWHORTER, ILDIKO
3419 ANDERSON
CORAL GABLES FL 33134** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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CITY-ST-ZIP
☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mary M Carroll
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 26 2003
Date

561 656 2665
Daytime Phone #

CR2E034 (10/02)