2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address,

Mar 06, 2002 8:00 am P01000025720 DOCUMENT # **Secretary of State** 1. Entity Name 03-06-2002 90039 016 ***150.00 BASKETBALL MARV, INC. Principal Place of Business Mailing Address 7594 SEA FOAM CT 7594 SEA FOAM CT **BOYNTON BEACH FL 33437 BOYNTON BEACH FL 33437** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 65 - 113/2 90 Applied For City & State City & State Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ARVIN < HELLER, NEAL-Street Address (P.O. Box Number is Not Acceptable) 100 SE 5 AVE BOCA RATON FL 33492 8. The above named entity submits this statement for the purpose of changing its registered office or (NOTE: Registered Agent sig 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ☐ Addition CR2E034 (9/01 ☐ Delete KESSLER, MARVIN NAME NAME 7594 SEA FOAM CT STREET ADDRESS STREET ADDRESS **BOYNTON BEACH FL 33437** CITY-ST-ZIP CITY-ST-ZIP ٧S Change Delete Addition TITLE TITLE HELLER, NEAL NAME NAME STREET ADDRESS -100 SE-5 AVE-STREET ADDRESS BOGA RATON FL 33432 CITY-ST-ZIP CITY-ST-7IF ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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