2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

P01000025720 DOCUMENT

1. Entity Name BASKETBALL MARV, INC.



FILED Jan 09, 2003 8:00 am Secretary of State 01-09-2003 90034 020 ***150.00

Principal Place of Business 7594 SEA FOAM CT BOYNTON BEACH FL 33437			Mailing Address 7594 SEA FOAM CT BOYNTON BEACH FL 33437				T 				
2. Principal	Place of Business	3.	3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			1	CHECK HERE IF MAKING CHANGES				
City & State			City & State			4.	4. FEI Number 65-1131290 Applied For Not Applicable				
Zip Country			Zip Country			5. Certificate of Status Desired F			8.75 Additional		
	6. Name and Addre	stered Agent	Agent			7. Name and Address of New Registered Agent					
		·		1	lame				3		
KESSLEF	r, marvin										
7594 SEA	AFOAM COURT		Street Address			(P.O. Box Number is Not Acceptable)					
	N BEACH FL 33437			 							
DOTIVIO	N DEACH FE 33437										
					City		1-	FL	Zip Coc		
8. The above the obligation	e named entity submits the tions of registered agent	nis statement for the p	ourpose of changing its	registered o	ffice or registe	red ag	ent, or both, in the State of Floric	la. I am fa	ımiliar with,	and accept	
SIGNATURE	Signature, typed or printed name	A STATE OF THE STA	if applicable. (NOTE:	: Registered Age	ont signature required	d when re	instating)	DATE			
Afte	FILE NOW!!! FEE IS r May 1, 2003 Fee wil k Payable to Florida D	l be \$550.00	e		Ü		Election Campaign Finan Trust Fund Contribution.	cing	\$5.0 Adde	00 May Be	
10.		FFICERS AND DIREC									
TITLE	I PT	FFICERS AND DIREC		11.		AD	DITIONS/CHANGES TO OFFICE	RS AND	DIRECTOR	S IN 11	
NAME	KESSLER, MARVIN		☐ Delete	TITLE					Change	☐ Addition	
STREET ADDRESS	7594 SEA FOAM CT	Г		NAME	·						
CITY-ST-ZIP	BOYNTON BEACH FL 33437		STREET ADDRESS CITY-ST-ZIP		i B					}	
	VS			UIIY-51-2	317						
TITLE Name	VS Kessler, Marvin		Delete TITL						Change	☐ Addition	
STREET ADDRESS	7594 SEAFOAM CO	IIDT		NAME						1	
CITY-ST-ZIP	BOYNTON BEACH F			STREET AD							
	DOTITION DEACHT	L 33431		CITY-ST-Z	!P						
TITLE			☐ Delete	TITLE		,		~	☐ Change	Addition	
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IAME			C Delete	NAME				Į	Change	Addition	
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12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statules. 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: