

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91179 045 \*\*\*150.00

**DOCUMENT #** PO1000063163

**1. Entity Name**

**MARRAIN ENTERPRISES, INC.**



**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**  
**7301 S. W. 5th Street**

**3. Mailing Address**  
**7301 S. W. 5th Street**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**  
**Plantation, FL 33317**

**City & State**  
**Plantation, FL**

**4. FEI Number**  
**65-1105146**

**Applied For**  
**Not Applicable**

**Zip**  
**33317**

**Country**

**Zip**  
**33317**

**Country**

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

**7. Name and Address of Current Registered Agent**

**Name**  
**Michael A. Robinson**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**7301 S. W. 5th Street**

**City** **Plantation** **FL** **33317**

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IN THIS SPACE**

**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 reappointing)

DATE

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**

**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**  
**Robinson, Michael**  
**7301 S. W. 5th Street**  
**Plantation, Florida 33317**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/30/03 (954) 584-4994**

Date

Daytime Phone #

CR2E034B (12/02)