

10/23

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

FILED

02 OCT 15 PM 3:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000072385**

1. Entity Name

MARJUL 18 INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

6533 GARDE ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOYNTON BCH. FL

Zip

Country

33437

USA

4. FEIN Number

65-1135536

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name **SOL LEVITER**

Street Address (P.O. Box Number is Not Acceptable)

6533 GARDE RD

City **BOYNTON BCH FL**

Zip Code

33437

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]

SOL LEVITER

9/25/02

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

(NOTE: Registered Agent signature required when re-registering)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

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

11. OFFICERS AND DIRECTORS

TITLE	PRESIDENT
NAME	SOL LEVITER
STREET ADDRESS	6533 GARDE RD
CITY-ST-ZIP	BOYNTON BCH, FL 33437
TITLE	VICEPRESIDENT
NAME	MARCEL STEIN
STREET ADDRESS	20520 NE 22 CT
CITY-ST-ZIP	N. MIAMI, FL 33180
TITLE	TREASURER
NAME	DIANA LEVITER
STREET ADDRESS	6533 GARDE RD
CITY-ST-ZIP	BOYNTON BCH, FL 33437
TITLE	SECRETARY
NAME	DEORA STEIN
STREET ADDRESS	20520 NE 22ND CT
CITY-ST-ZIP	N. MIAMI BCH, FL 33180
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

CR20348 (12/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 on an attachment with an address, with an office telephone number.

SIGNATURE:

[Signature] **PR**

9/11/02

786 245-7389

SIGNATURE AND TYPED OR PRINTED NAME OF BOARDING OFFICER OR DIRECTOR

Daytime Phone #

attachment 4/3/10

PO1000072385

2/23



9/11/02

TO WHOM IT MAY CONCERN

RE: 2002 UNIFORM BUS. REPORT
DOCUMENT# PO1000072385
MARJUL 18 ENC
FEI# 65-1135536

PLEASE BE ADVISED THAT WE HAVE NEVER

RECEIVED FROM THE ABOVE FORM.

I SPOKE TO AN EMPLOYEE AT 1-800-488-9000
AND SHE ADVISED THAT I SEND IN THE ORIGINAL
FEE WHICH IS \$150. ENCLOSED PLEASE FIND CHECK
IN THE AMOUNT OF \$150.

WE HAVE BEEN IN BUSINESS SINCE SEPT 2001.

THANK-YOU FOR YOUR CONSIDERATION.

VERY TRULY YOURS,

DIANA LEUTER
Diana Leuter

[Redacted signature area]

Page 3

Attachment

From the Desk of...

43410
P01000072385
SOL LEVITER

9/27/02

SOL LEVITER	PRESIDENT
MARCEL STEIN	VICE PRESIDENT
DIANA LEVITER	TREASURER
DEBRA STEIN	SECRETARY