

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90976 010 ***150.00

UBR 10003 AV

DOCUMENT # P01000072385

1. Entity Name
MARJUL18, INC.



Principal Place of Business

~~6533 GARDE ROAD~~
~~BOYNTON BEACH FL 33437~~

Mailing Address

6533 GARDE ROAD
BOYNTON BEACH FL 33437

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State
CAROL CITY, FL

City & State
BOYNTON BEACH, FL

4. FEI Number **65-1135536**

Applied For
Not Applicable

Zip
33055

Country
U.S.A.

Zip
33437

Country
U.S.A.

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEVITER, SOL
6533 GARDE ROAD
BOYNTON BEACH FL 33437

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
NAME **P LEVITER, SOL**
STREET ADDRESS **6533 GARDE ROAD**
CITY-ST-ZIP **BOYNTON BEACH FL 33437**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **VP STEIN, MARCEL**
STREET ADDRESS **20520 N.E. 22 CT.**
CITY-ST-ZIP **N. MIAMI FL 33180**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **T LEVITER, DIANA**
STREET ADDRESS **6533 GARDE ROAD**
CITY-ST-ZIP **BOYNTON BEACH FL 33437**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **S STEIN, DEBRA**
STREET ADDRESS **20520 N.E. 22ND CT.**
CITY-ST-ZIP **N. MIAMI FL 33180**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/03

Date

Daytime Phone #

CP2E034 (10/02)