## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 29, 2002 8:00 am Secretary of State **DOCUMENT #** P01000100299 05-06-2002 90264 033 \*\*\*150.00 1. Entity Name MARLAR CORP. Principal Place of Business Malling Address 1805 N 68 AVE 88125 1805 N 68 AVE HOLLYWOOD FL 33024 HOLLYWOOD FL 33024 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1144428 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SHAPPE, ALLEN P Street Address (P.O. Box Number is Not Acceptable) 17400 NE 12 CT NO MIAMI BEACH FL 33162 City Zio 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. **SIGNATURE** Signature, typed or printed name of registered egent and title if applicable. (NOTE: Registered Agent algorature required when reinstating) 9:-This corporation is eligible to satisfy its intangible. FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 19. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 \$5:00 May Be (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fee! 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Pres me Delete TITLE ☐ Change ☐ Addition CR2E034 (9/01 NAME Laurence Glasier NAME STREET ADDRESS STREET ADDRESS 1000 Parkview Dr #1020 CITY-ST-ZIP 3009 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 1m.e Oelete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIPOD A COLOR CITY-ST-71P माधि है है। प्रा .... .: (C) 🗖 Delate TITLE ☐ Change · ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS 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 changed, or on an attachment with an address, with all other like empowered.

CITY-ST-71P

SIGNATURE:

E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED