

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

DOCUMENT # P02000117317

1. Entity Name

MARIN ENTERPRISES, INC.



FILED

03 MAR 20 PM 1:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

621 NORTHWEST 53RD STREET

3. Mailing Address

621 NORTHWEST 53RD STREET

Suite, Apt. #, etc.

SUITE 135

Suite, Apt. #, etc.

SUITE 135

DO NOT WRITE IN THIS SPACE

City & State

BOCA RATON, FLORIDA

City & State

BOCA RATON, FLORIDA

4. FEI Number

57-1136709

Applied For

Not Applicable

Zip

33487

Country

USA

Zip

33487

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name **BERNARD A. SINGER, ESQUIRE**

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

3107 STIRLING ROAD, SUITE 105

City **FORT LAUDERDALE**

FL

Zip Code
33312

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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 reinstating)

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
**PST
DENNY MARIN
621 NORTHWEST 53RD STREET, SUITE 135
BOCA RATON, FL 33487**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**600014243366
03/17/03--01075--018 **150.00**

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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)(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 on an attachment with an address, with all other like empowered.

SIGNATURE:

PRESIDENT

3/14/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #