## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## Mar 06, 2002 8:00 am Secretary of State P93000031433 DOCUMENT # 1. Entity Name 03-06-2002 90047 042 \*\*\*150.00 MARLAKE, INC. Principal Place of Business Mailing Address 735 NW 79TH AVE 735 NW 79TH AVE MARGATE FL 33063 MARGATE FL 33063 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FÉI Number City & State City & State NOT APPLICABLE Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7.\_Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name YEWCHUK, WALTER Street Address (P.O. Box Number is Not Acceptable) 735 NW 79TH AVE MARGATE FL 33063 Zip Code City FI 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 agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS Change ☐ Addition TITLE TITLE ☐ Delete YEWCHUK, WALTER NAME NAME 735 NW 79TH AVE STREET ADDRESS STREET ADDRESS MARGATE FL 33063 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME REISER, CAROL 735 NW 79TH AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MARGATE FL CITY-ST-7IB - Change Addition Delete, TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIE Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

FILED