P93000040710

<b>2002 UNIFORM BUSINESS RE</b>	PORT (UBR
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**DOCUMENT#** 

M CAPITA	AL CORP.				08-20-2002 901	31 027 ***55	0.00
Principal Place of Business  Mailing Address  **ROBERT MARLIN  **TOO FRONT STREET. #511**  **SAN DIEGO GA 92161**							
2. Principal Place of Business  INACTIVE N/A  3. Mailing Address  PO BOX 2089			# 1881/1 <b>88</b> 1   1 <b>8   18/188</b>   18/14   18/14   18/14   18/14   18/14   18/14   18/14   18/14   18/14   18/14	<b>16</b>			
	Suite, Apt. #, etc.  Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State  City & State  LA JOLLA CA		4.	FEI Number <b>65-0418230</b>	<del>                                     </del>	pplied For		
Zip	Country	Zip 92038	Country USA	5.	Certificate of Status Desired	\$8.75 Add	
<u> </u>	6. Name and Address of Curre				Name and Address of New Registe	Fee Require	30
MARLIN, 11921 S. MIAMI FL	ROBERT DIXIE`HWY., #202		Street A	Robert ddress (P.O. E			
			City N	NAmi		FL Zip Cod	te 71
9. This corporate filing in	Signature, typed or printed name of registered age oration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	ont and title if applicable. (NOTE:  DIE FILE NOW!!!  After September 13,	Registerer Agent signal  I FEE IS \$550. 2002 Fee will be to Departmen	00 e \$750.00	einstating)  10. Election Campaign Financing Trust Fund Contribution.	· _ \\	O May Be d to Fees
MaC Statis	OFFICERS AN	D DIRECTORS	12.	AC	DOITIONS/CHANGES TO OFFICERS	AND DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARLIN, KENNETH 11921 S. DIXIE HWY., #202 MIAMI FL 33156	<b>⊠</b> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD MARLIN, ROBERT 11921 S. DIXIE HWY., #202 MIAMI-FL-33156	Delete	TITLE NAME STREET ADDRESS - <city_st-zip< td=""><td>13346</td><td>MARLIN S.W. 106 TH AVE FL 33176</td><td>Change</td><td>☐ Addition</td></city_st-zip<>	13346	MARLIN S.W. 106 TH AVE FL 33176	Change	☐ Addition
TITLE Name Street address City-St-Zip		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME Street Address City-St-Zip		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition .
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition

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.

SIGNATURE:

310576 6901