

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000041608

1. Entity Name
MARION DEVELOPMENT CORP.

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 91177 034 ***158.75

Principal Place of Business
3620 N 53RD AVENUE
HOLLYWOOD FL 33021
US

Mailing Address
3620 N 53RD AVENUE
HOLLYWOOD FL 33021
US

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
11860 W STATE RD 84
Suite, Apt. #, etc.
B-15
City & State
DAVIE, FL
Zip
33325

3. Mailing Address
11860 W STATE RD 84
Suite, Apt. #, etc.
B-15
City & State
DAVIE, FL
Zip
33325

4. FEI Number 65-0423868
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
GOLAN, AMNON
3620 N 53RD AVENUE
HOLLYWOOD FL 33021

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
11860 W STATE RD 84
B-15
City DAVIE FL Zip Code 33325

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 DATE
Signature, typed or printed name of registered agent and title if applicable (NOT REQUIRED) Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!
After MAY 1, 2001
Fee IS \$150.00
Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS GOLAN, AMNON 3620 N 53RD AVENUE HOLLYWOOD FL 33021 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP GOLAN, DINA 620 N 53 AVE HOLLYWOOD FL 33021 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SCHACHTEL, SARI 3620 N 53 AVE HOLLYWOOD FL 33021 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP GOLAN, GUY 3620 N 53 AVE HOLLYWOOD FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 11860 West State Road 84 Suite B-15 Davie, Florida 33325
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 11860 West State Road 84 Suite B-15 Davie, Florida 33325
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 I am an officer or director of the corporation or the receiver or trustee empowered to execute this report changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER, DIRECTOR

Date Daytime Phone #

CR2E034 (10/00)