## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT #**

P95000043145

1. Entity Name

THE MARRA LAW GROUP, A PROFESSIONAL ASSOCIATION



FILED Feb 11, 2003 8:00 am Secretary of State

02-11-2003 90072 010 \*\*\*150.00

		<b>,</b>											
Principal Plac 7441 N TAMIA SARASOTA FL US	MI TR	PO BO	Mailing Address PO BOX 120 BRADENTON BEACH FL 34217 US										
2. Principal P	lace of Busine	3. Mailir	3. Mailing Address					88211 <b>88</b> 211 <b>3</b> 83	<b>io</b> (11 <b>0</b> 1 1101)	OIBBI BIN 1881			
Suite, Apt	#, etc	Suite,	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES						
City & State	e	City &	City & State				. FEI Number <b>65-0584028</b>		Applied For Not Applicable				
Zip Country			Zip	Zip Co.			5. Certificate of Status Desi			ed S8.75 Additional Fee Required			
	6. Name a	rrent Registered	t Registered Agent			7. Name and Address of New Registered Agent					]		
				Name								1	
MARRA, T 7441 N TA	eresa Amiami tr		Street Address				(P.O. Box Number is Not Acceptable)						
SARASOT	A FL 34243						- J <del>-</del> 84-, -	FL Zip Code					
the obligat	named entity		ent for the purpo	Se of changing its	s register	I ed office or reg	istered a	agent, or both, in the State of Floric	da. I am fa	niliar with,	and accept	4	
SIGNATURE.	Signatura and of	printed name of registered	agent and title if applic	aule. Anot	TE: Registere	d Agent signature re	quired wher	n reinstating)	DATE			ļ	
	ILE NOWIII	FEE.IS_\$150.00	,	·	•		•					1	
After	May 1, 2003	Fee will be \$550	0.00					<ol> <li>9. Election Campaign Finar Trust Fund Contribution.</li> </ol>	ncina.		<b>00</b> _May.Be d to Fees		
		Florida Departme						itust runa Contribution.		Adde	u to rees		
10.		AND DIRECTOR	D DIRECTORS 11.				ADDITIONS/CHANGES TO OFFIC	ERS AND [	IRECTOR	S IN 11	<u>]</u>		
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	and if the share sh	information and all	d with this fills	loop not sucht. f-			in Carti-	in 110 07/3Vi). Florida Statutos 14	urther cortif	v that the	information	+	
indicated	on this report	or supplied	o with this filing o port is true and a	ccurate and that	ກ ແລະ exe mv siana	ture shall have	the sam	n 119.07(3)(i), Florida Statutes. I fu le legal effect as if made under oat	th; that I an	ı an officer	r or director	i	

12. Thereby certify that the information supplied with this filling does not qualify for the exemption's stated in Section 1797(f), Profit a statutes. Fidular Statutes indicated on this report or suppliemental 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 of trustee empowered to execute this report agrequired by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/03

941 9489457 Daytime Phone #