2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P96000028944 1. Entity Name MARCO BEACH GARDENS, INC.

FILED Aug 23, 2000 8:00 am Secretary of State

								07-21-2	2000 9016	52 003 **	130.00
Principal Plac	e of Business	;	Mailing Address			İ					
5895 WHIRLAWAY RD PALM BCH GARDENS FL 33418 US			5895 WHIRLAWAY RD PALM BCH GARDENS FL US	. 33418			•				
2. Principal Place of Business			3. Mailing Address		 -						
Suite, Apt.	#, etc.		Suite, Apt. #, etc.					DO NOT WRI			
Suite, Apr. #, sto.											
City & State			City & State			4. [El Number .	65-07075	08	<u> </u>	pplied For ot Applicable
Zip	Country		Zip Count		ntry	5. (Certificate of S	tatus Desired		\$8.75 Ad Fee Require	
	- 6. Name	and Address of Current R	egistered Agent 😘 🛥 🛥	~ =-		71	lame and Ad	dress of New P	tegistered /	Agent -	
					Name					-	
	FRAN, PAUL 5 WHIRLAW		Street Address		fress (P.O. B	s (P.O. Box Number is Not Acceptable)					
		RDENS FL 33418			-			•			
					City		·		FL	Zip Coo	ie .
8. The above	named entity	submits this statement for I	the purpose of changing its	registere	ed office or re	raistered aa	ent, or both, in	the State of Flo	nida.		
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SIGNATURE											
SIGNATURE .	Signature, typed o	r printed name of registered agent and	d title if applicable. (NOT	E: Registere	d Agent eignature	required when re	netating)		DATE		
9. This corpo	oration is eligit equirement a	ole to satisfy its Intangible and elects to do so.	FILE NOW	!!! FEE 13, 2000	IS \$550.00 Min. will be	\$750.00	10. Election	n Campaign Fir	nancing		00 May Be d to Fees
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indicated on this report of suppliermental report is true and accurate and that my signature shall have the same legal effect as it made under oath; that it must be movered 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.

309418 Hachment 2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **P96000028944** 1. Entity Name MARCO BEACH GARDENS, INC. Principal Place of Business Mailing Address 5895 WHIRLAWAY RD 5895 WHIRLAWAY RD PALM BCH GARDENS FL 33418 PALM BCH GARDENS FL 33418 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0707508 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent -6. Name and Address of Current Registered Agent SAFRAN, PAUL JR Street Address (P.O. Box Number is Not Acceptable) 5895 WHIRLAWAY RD PALM BCH GARDENS FL 33418 City Zip Code FL 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 (NOTE: Registered Agent signature (equired when reinstaling) CATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. 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 Delete TITLE NAME NAME SAFRAN JR. PAUL STREET ADORESS STREET ADDRESS 5895 WHIRLAWAY RD CITY-ST-7IP CITY-ST-ZIP PALM BCH GARDENS FL 33418 Change , 🔲 Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change FITLE Delete 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 ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition RIDE NAME NAME

13. Thereby 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. Florica 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

PAUL SAFAM Vr. PUS/OUR 7/17/W 561-841-3125

Marco Beach Gardens, Inc.

5895 Whirlaway Road Palm Beach Gardens, FL 33418 561-841-3125

July 17, 2000

Division of Corporations Uniform Business Report Filings P.O. box 1500 Tallahassee, FL 32302-1500

Dear Sir or Madam:

Enclosed please find the completed 2000 Uniform Business Report for the above referenced corporation, together with a check in the amount of \$150.00. Please note that I did not receive the "first notice" for this entity, and I was advised by your office that the proper filing fee under these circumstances would be \$150.00.

Please let me know if you have any questions, or require additional information.

Sincerely,

Paul Safran, Jr.

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President

PAUL SAFRAN JR LINDA G SAFRAN 5895 Whirlaway Road Palm Beach Gardens, Fl 33418	1308 63-643/670 BRANCH 00808
ORDER OF FL DIVISION OF CUIPDIATIONS \$	150 00
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First Union National Bank	Resource Banking®
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