2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P96000028944 MARCO BEACH GARDENS, INC. Mailina Addrona

FILED Jan 26, 2001 8:00 am Secretary of State 01-26-2001 90043 041 ***150.00

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Place of Business	3. Mailing Address							
#, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State			4. FEI Numb	03 0707300			pplied For	
Country	Zip	Country	5. Certificate	e of Status Desired		\$8.75 Ad	ditional	
6. Name and Address of Curren	t Registered Agent		7. Name an	d Address of New I	Registered A	gent		
RAN, PAUL JR 5 WHIRLAWAY RD M BCH GARDENS FL 33418 —	ليند العدر الدائد المنيد العدميان	Name Street Addre	ss (P.O. Box Numb	per is Not Acceptabl	e)			
		City			FI	Zip Coo	de	
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	Place of Business #, etc. Country 6. Name and Address of Current RAN, PAUL JR WHIRLAWAY RD H BCH GARDENS FL 33418 — Pramed entity submits this statement in Signature, typed or printed name of registered ager Praction is eligible to satisfy its Intangible requirement and elects to do so, ria on back) OFFICERS AND DP SAFRAN JR, PAUL 5895 WHIRLAWAY RD	PALM BCH GARDENS FL US Place of Business #, etc. Suite, Apt. #, etc.	PALM BCH GARDENS FL 33418 PALM BCH GARDENS FL 33418 Palm BCH GARDENS FL 33418 #, etc. Suite, Apt. #, etc. Country Zip Country 6. Name and Address of Current Registered Agent Name RAN, PAUL JR WHIRLAWAY RD M BCH GARDENS FL 33418 City In amend entity submits this statement for the purpose of changing its registered office or registered agent and title if applicable. Palmanure, bysed or printed name of registered agent and title if applicable. Palmanure in the statement for the purpose of changing its registered agent and title if applicable. Palmanure in the statement of the purpose of changing its registered agent and title if applicable. Palmanure in the statement of the purpose of changing its registered agent and title if applicable. Palmanure in the statement of the purpose of changing its registered agent address or registered agent and title if applicable. Palmanure in the statement of the purpose of changing its registered agent address or registered agent and title if applicable. Palmanure in the statement in the statement in the statement in the statement and elects to do so. Make Check Payable to Department of the statement of the statement in the	PALM BCH GARDENS FL 33418 PALM BCH GARDENS FL 33418 Pace of Business 3. Mailing Address Suite, Apt. #, etc. Country Zip Country 5. Certificate 7. Name and Address of Current Registered Agent RAN, PAUL JR WHIRLAWAY RD M BCH GARDENS FL 33418 City City City Sgreature, typed or printed name of registered agent and title if applicable. Page and a decist to do so. After MAY 1, 2001 Fee will be \$550.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State DP OFFICERS AND DIRECTORS DP OFFICERS AND DIRECTORS DP OFFICERS AND DIRECTORS DP Delete TITLE NAME SIREET ADDRESS CITY-ST-ZIP Delete SIREET ADDRESS CITY-ST-ZIP Delete TITLE NAME SIREET ADDRESS CITY-ST-ZIP Delete SIREET ADDRESS CITY-ST-ZIP Delete TITLE NAME SIREET ADDRESS CITY-ST-ZIP Delete SIREET ADDRESS CITY-ST-ZIP Delete	PALM BCH GARDENS FL 33418 PALM Street Address of Current Registered Agent PALM BCH GARDENS FL 33418 PALM BCH GARDENS FL 33418	Place of Business 3. Mailing Address W, etc. Suite, Apt. #, etc. Country Country Zip Country 5. Certificate of Status Desired Country 6. Name and Address of Current Registered Agent RAN, PAUL, JR WHIRLAWAY RD M BCH GARDENS FL 33418 City FL Inamed entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Signary a hyad or privad rame of legistered agent and the s'application FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Reyable to Department of State CFFICERS AND DIRECTORS Deade TILE MAME STREET ADDRESS CITY-S1-2P DEADER TILE MAME STREET ADDRESS CITY-S1-2P DEADER TILE MAME STREET ADDRESS CITY-S1-2P DEADER TO STREET ADDRESS CITY-S1-2P DEADER TO STREET ADDRESS CITY-S1-2P DEADER TO STREET ADDRESS CITY-S1-2P DEADE	PALI BOH SATISH US PALI BOH GARDENS FL 33418 US 3. Mailing Address #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Country Zip Country S. Certificate of Status Desired Service Agent 7. Name and Address of Current Registered Agent Name RAN, PAUL JR WHIRLAWAY RD A BCH GARDENS FL 33418 City FL Zip Country Street Address (P.O. Box Number is Not Acceptable) A BCH GARDENS FL 33418 City FL Zip Country FL Zip Countr	

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: