2002 Annual Report

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

01-22-2002 90105 010 ****61.25
02-05-2002 90137 025 ***150.00

816976

DOCUMENT # P96000035056

1. Entity Name
MARLIN FUNDING CORP.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
11921 S. Dixie Highway		11921 S. Dixie Highway	
Suite, Apt. #, etc. Suite #202		Suite, Apt. #, etc. Suite #202	
City & State Miami, FL		City & State Miami, FL	
Zip 33156	Country US	Zip 33156	Country US

DO NOT WRITE IN THIS SPACE

4. FEI Number #65-0670769 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Alan Ross
Street Address (P.O. Box Number is Not Acceptable): 18305 Biscayne Blvd.
Suite #302
City: Aventura FL Zip Code: 33160

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 ______
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	D/P/S/T	TITLE	
NAME	Kenneth Marlin	NAME	
STREET ADDRESS	11921 S. Dixie Highway, #202	STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33156	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] President/Director 1/30/02 305-255-2747
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
KENNETH MARLIN PRESIDENT/DIRECTOR