

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 10, 2003 8:00 am
Secretary of State

09-10-2003 90065 018 ***563.75

CR2E034 (4/03)

DOCUMENT # P96000070811

1. Entity Name
MAROUF ENTERPRISES, INC.



Principal Place of Business
**2484 N STATE RD 7
LAUDERDALE LAKES FL 33313**

Mailing Address
**10218 ALLAMANDA BLVD
PALM BEACH GARDENS FL 33410**



2. Principal Place of Business

3. Mailing Address
4824 Citrus Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Cooper City FL

4. FEI Number **65-0691729**

Applied For
Not Applicable

Zip

Country

Zip
33330

Country
Broward

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MAROUF, JOSEPH
10218 ALLAMANDA BLVD
PALM BEACH GARDENS FL 33410**

Name **Marouf Joseph**
Street Address (P.O. Box Number is Not Acceptable)
4824 Citrus Way
City **Cooper City** FL Zip Code **33330**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☒ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSVT** ☐ Delete
NAME **MAROUF, JOE**
STREET ADDRESS **10218 ALLAMANDA BLVD.**
CITY-ST-ZIP **PALM BEACH GARDENS FL**

TITLE **PSVT** ☒ Change ☐ Addition
NAME **Marouf Joe**
STREET ADDRESS **4824 Citrus Way**
CITY-ST-ZIP **Cooper City FL 33330**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-7-03

561-541-7038

Date

Daytime Phone #