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2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Mar 26, 2001 8:00 am DOCUMENT # P9700063145 **Secretary of State** MARLONNA ENTERPRISES, INC. 03-26-2001 90056 015 ***150.00 Principal Place of Business Mailing Address 2578 LUCILLE DRIVE 2578 LUCILLE DRIVE FT LAUDERDALE FL 33316 FT LAUDERDALE FL 33316 637286 3. Mailing Address 2108 SunRise 2. Principal Place of Business 2108 Sunnise Ka DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0773949 Louderdas Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired. Roward Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent 2810 FEDOR, MARIA Street Address (P.O. Box Number is Not Acceptable) 2578 LUCILLE DRIVE FT LAUDERDALE FL 33316 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. 3 -16 - 200 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Added to Fees Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. PSTD CR2E034 (10/00) Change Change TITLE Delete TITLE ☐ Addition MAJER, MARIA NAME NAME 2578 LUCILLE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL 33316 CITY-ST-ZIP TITLE Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 Block 12 if changed; or on an attachment with an address, with all other like empowered.