2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97000103961**

Country -

6. Name and Address of Current Registered Agent

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

OFFICERS AND DIRECTORS

City & State

Zip

MARI ENE'S CREATIONS, INC.

GAFFNEY, MARLENE S

6 LAKESIDE PALMS COURT LAKE WORTH FL 33460

9. This corporation is eligible to satisfy its Intangible

GAFFNEY, MARLENE S

LAKE WORTH FL 33460

6 LAKESIDE PALMS COURT

Tax filing requirement and elects to do so.

(See criteria on back)

11.

TITLE

TITLE NAME

TITLE NAME STREET ADDRESS

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIE

CITY-ST-ZIP

Principal Place of Business	Mailing Address	
CLAKESIDE PALMS COURT LAME WORTH FL 33460	6 LAKESIDE PALMS COURT LAKE WORTH FL 33460-5717	
2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	

City & State

-Country

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

TITLE

NAME STREET ADDRESS

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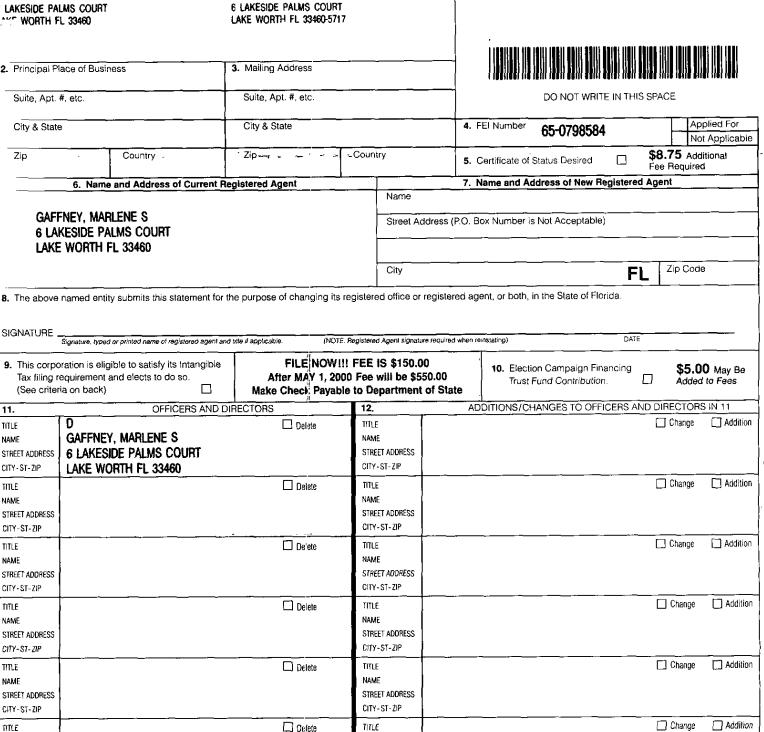
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Name

City

FILED Mar 01, 2000 8:00 am Secretary of State

03-01-2000 90047 049 ***150.00



CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.

SIGNATURE: