

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000015012

1. Entity Name

MARA LINDA, INC.

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90091 039 ***150.00

Principal Place of Business

Mailing Address

4700 10TH ST.
VERO BEACH FL 32966

4780 10TH ST.
VERO BEACH FL 32966-2824



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1850 43rd Avenue

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite C-9

City & State

VERO BEACH FL

Zip

Country

32960

U.S.A.

City & State

Zip

Country

4. FEI Number

59-2571551

Applied For

Not Applicable

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

LISS, LINDA
4780 10TH ST.
VERO BEACH FL 32966

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Linda Liss, President LINDA LISS

02-08-00

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	LISS, LINDA C	
STREET ADDRESS	4780 10TH ST.	
CITY-ST-ZIP	VERO BEACH FL 32966	
TITLE	D	<input type="checkbox"/> Delete
NAME	LISS, MARVIN C	
STREET ADDRESS	4780 10TH ST.	
CITY-ST-ZIP	VERO BEACH FL 32966	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE:

Linda Liss
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-08-00

Date

567-7100

Daytime Phone #

CR2E034 (9/99)