2001 UNIFORM BUSINESS REPORT (UBR)

				<u> </u>							
	MENT # P98000 0)19681									
1. Entity Name MARCH PROJECT I CORP.						FILED					
Biscoune & Me Corp N/C 1/22/07						, , , , , , , , , , , , , , , , , , , ,					
Principal Place of Business Mailing Address				<u>·</u>		01 JAN 25	PM 3: 7	21			
7695 S.W. 104TH STREET STE. 210 Miami Fl 33156		7695 S.W. 104TH STREET STE. 210 MIAMI FL 33156				SECRETARY: OF STATE TALLAHASSEE, FLORIDA					
							 	 	1117 DYN 131	AT THE THE	
2. Principal Place of Business		3. Mailing Address									
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				DO'I	NOT WRITE II	N THIS SPA	4CE		
City & State		City & State			4. F	El Number 65-	1001560			plied For t Applicable	
Zip Country		Zip	lip Coun		5. 0	Certificate of Status I	Desired		3.75 Addi e Required		
	6. Name and Address of Current	Registered Agent	7. Name and Address of New Registered Agent								
					Name						
LITTMAN, ERIC P 7695 S.W. 104TH STREET STE. 210				Street Address (P.O. Box Number is Not Acceptable)							
MIAMI FL 33156											
						City FL Zip Code					
8. The above	named entity submits this statement fo	r the purpose of changing its	register	ed office or reg	istered ag	ent, or both, in the S	tate of Florida	ā.			
SiGNATURE.	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	E: Registere	d Agent signature rec	quired when re	instating)		DATE			
9. This corpo	pration is eligible to satisfy its Intangible	FILE NOW!	!!! FEE	IS \$150.00		45 Florida Con					
Tax filing r	requirement and elects to do so.	After MAY 1, 20	After MAY 1, 2001 Fee will be \$550.00			10. Election Cam Trust Fund C		ing		May Be to Fees	
•	ria on back)	Make Check Payat		epartment of		DITIONS/CHANGES	TO OFFICE	DC AND D	IDECTORS	2 IN 11	
TITLE	OFFICERS AND	Directors Delete	12.	:	AD	DITIONS/CHAINGE	5 TO OFFICE		Change	Addition	
NAME	LITTMAN, ERIC P		NAM	I				_			
STREET ADDRESS CITY-ST-ZIP	7695 S.W. 104TH STREET STE.	210		ET ADDRESS -ST-ZIP						Ì	
TITLE	MIAMI FL 33156	☐ Delete	TITL					г	Change	Addition	
NAME		C. F. Delete	NAM	ŀ		5000 -0 *	0357	7547	85-		
STREET ADDRESS			1	ET ADDRESS		_() -()	1/26/U1 **40000	U1D	U306 ***150]4 1 00	
CITY-ST-ZIP				-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	**TJJU.				
TITLE NAME		☐ Delete	TITLE	I				L	_ Change	☐ Addition	
STREET ADDRESS			STRE	ET ADDRESS							
CITY-ST-ZIP			CITY	-ST-ZIP							
TITLE		☐ Delete	TITLE						Change	☐ Addition	
NAME STREET ADDRESS				ET ADDRESS							
CITY-ST-ZIP			CITY	-ST-ZIP							
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NAME STREET ADDRESS			NAM STRE	E ET ADDRESS							
CITY-ST-ZIP				-ST-ZIP							
TITLE		· Delete	TITLE	l .					Change	Addition	
NAME			NAM	E ET ADDRESS					SP		
STREET ADDRESS CITY-ST-ZIP				-ST-ZIP					OF		
13. į hereby d	certify that the information supplied with	this filing does not qualify for	r the exe	mption stated in	Section 1	119.07(3)(i), Florida	Statutes. I fur	ther certify	that the in	formation	
indicated of the cor	on this report or supplemental report is poration or the receiver or trusted empo or on an attachment with an address	true and accurate and that nowered to execute this report.	ny signat as requi	ture shall have t	the same I	legal effect as if mad	le under oath	n; that I am	an officer of	or director	
SIGNAT	TIDE:	CRIC!	P.LT	THAN	,/	11/01	ク	XI K	72-2	223	
JIGNAI		RINTED NAME OF SIGNING OFFICER	OR DIRECT	гоя		Date Date	<u>_</u>	Dayti	me Phone #		