

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000034154

1. Entity Name

MARC INFORMATION SERVICES, INC.

Principal Place of Business

100 S. BISCAYNE BLVD., STE. 1802
MIAMI FL 33131

Mailing Address

%MARC INFORMATION SERVICES
P O BOX 530602
MIAMI SHORES FL 33153-0602

2. Principal Place of Business

19043 NW 23 ST.

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

PEMBROKE PINES FL

City & State

Zip

33029

USA

Country

FL

Zip

Country

FL

Zip Code

4. FEI Number

65-0827984

Applied For
Not Applicable

5. Certificate of Status Desired

 \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PHILLIPS, GARY S
4000 HOLLYWOOD BLVD., STE. 265-S
HOLLYWOOD FL 33021

7. Name and Address of New Registered Agent

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

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

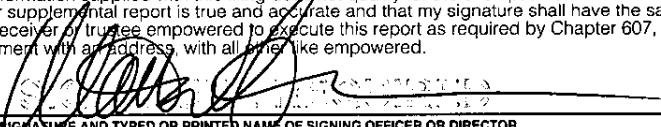
11. OFFICERS AND DIRECTORS

TITLE D
NAME WESTBROOK, MATTHEW
STREET ADDRESS 19043 NW 23 ST
CITY-ST-ZIP PEMBROKE PINES FL 33029 Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP DeleteTITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
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CITY-ST-ZIP DeleteTITLE Change Addition
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CITY-ST-ZIP DeleteTITLE Change Addition
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STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP DeleteTITLE Change 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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90437 024 ***150.00



DO NOT WRITE IN THIS SPACE

RECEIVED
AT

CR2E034 (9/01)