

2000 UNIFORM BUSINESS REPORT (UBR)

ATX1

DOCUMENT # P 98000045248

1. Entity Name
MARCECA ENTERPRISES, INC.

Principal Place of Business Mailing Address

2. Principal Place of Business 1701 E. ATLANTIC BLVD

Suite, Apt. #, etc. SUITE # 2

City & State POMPAÑO BEACH, FL.

Zip Country 33060 BROWARD

3. Mailing Address 1701 E. ATLANTIC BLVD

Suite, Apt. #, etc. SUITE # 2

City & State POMPAÑO BEACH, FL.

Zip Country 33060 BROWARD

4. FEI Number 65-0838839
Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name
EXPERT TAX
Street Address (P.O. Box Number is Not Acceptable)
1701 E. ATLANTIC BLVD.
SUITE # 2
City
POMPAÑO BEACH, FL Zip Code
33060

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 Roberto Marceca 4/19/2002
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 \$5.00 Trust Fund Contribution. 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	MARCECA, ROBERT	
STREET ADDRESS	20385 HACIENDA COURT	
CITY - ST - ZIP	BOCA RATON, FL. 33498	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Roberto Marceca 04/19/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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