FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 90200 042 ***550.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000047285

1. Entity Name

MARJAE, INC.

Principal Place of Business: 429 SEABREEZE BOULEVARD, #281, FT. LAUDERDALE, FL 33316

Mailing Address: 2630 SUGARLOAF LANE, FT. LAUDERDALE, FL 33312

00057009

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 429 SEABREEZE BLVD., #281	3. Mailing Address: 2630 SUGARLOAF LANE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: FT. LAUDERDALE, FL 33316	City & State: FT. LAUDERDALE, FL 33312
Zip: 33316 Country: U.S.A.	Zip: 33312 Country: U.S.A.

4. FEI Number: 65-0847315 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

STERRETT, MARYBETH
2680 SUGARLOAF LANE
FT. LAUDERDALE, FL 33312

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, 2001 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D STERRETT, JOHN S. 2630 SUGARLOAF LANE FT. LAUDERDALE, FL 33312 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STERRETT, MARYBETH 2630 SUGARLOAF LANE FT. LAUDERDALE, FL 33312 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (11/00)

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: Mary Beth Sterrett 5/8/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #