2001 UNIFORM BUSINESS REPORT (UBR) FILED **DOCUMENT # P98000051035** Mar 01, 2001 8:00 am Secretary of State 1. Entity Name MAREK'S PHOENIX, INC. 03-01-2001 91346 022 ***150.00 Mailing Address Principal Place of Business 497 CARRINGTON LANE 497 CARRINGTON LANE FT. LAUDERDALE FL 33326 FT. LAUDERDALE FL 33326 しいひんひりんび 3. Mailing Address 2. Principal Place of Busines DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 65-0841374 Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MAREK, WILLIAM A Street Address (P.O. Box Number is Not Acceptable) 497 CARRINGTON LANE FT. LAUDERDALE FL 33326 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. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. \Box Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. OFFICERS AND DIRECTORS Change ☐ Addition Delete TITLE TITLE NAME MAREK, WILLIAM A NAME STREET ADDRESS STREET ADDRESS **497 CARRINGTON LANE** CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33326 Change ☐ Addition ☐ Delete TITLE TITLE NAME MAREK, DORIS J STREET ADDRESS STREET ADDRESS **497 CARRINGTON LANE** CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33326 ☐ Addition Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE Delete TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 empawers 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 addry

SIGNATURE: