

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91164 034 ***158.75

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DOCUMENT # P98000056369

1. Entity Name
MARATHON HOLDING, INC.



Principal Place of Business
**1110 BRICKELL AVENUE PENTHOUSE ONE
MIAMI FL 33131**

Mailing Address
**1110 BRICKELL AVENUE PENTHOUSE ONE
MIAMI FL 33131**

2. Principal Place of Business
7775 NW, 48th Street

3. Mailing Address
7775 NW, 48th Street

Suite, Apt. #, etc.
Suite 100

Suite, Apt. #, etc.
Suite 100

City & State
Miami, FL

City & State
Miami, FL

Zip Country
33166 USA

Zip Country
33166 USA

4. FEI Number **65-1020474**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FREUND, IRWIN
1110 BRICKELL AVENUE PENTHOUSE ONE
MIAMI FL 33131**

Name **Harold Kessler**
Street Address (P.O. Box Number is Not Acceptable)
2875 N.E. 191 STREET
Suite **404**
City **Miami** FL Zip Code **33180**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D KESSLER, HAROLD**
STREET ADDRESS **601 SANCTUARY DR.**
CITY-ST-ZIP **KEY LARGO FL 33037**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. 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 10 or Block 11 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

Harold Kessler 4/19/03 (705) 591-0888
Date Daytime Phone #

CR2E034 (10/02)