

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2001 8:00 am
Secretary of State
 03-06-2001 90335 024 ***150.00

DOCUMENT # P98000067395

1. Entity Name
MARSALAN INC.

Principal Place of Business
**408 S.E. 28TH STREET AVE
 POMPANO BEACH FL 33062**

Mailing Address
**408 S.E. 28TH STREET AVE
 POMPANO BEACH FL 33062**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0860004**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LAVIAGE, MARSHA
 408 S.E. 28TH STREET AVE
 POMPANO BEACH FL 33062**

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	P	<input type="checkbox"/> Delete
NAME	SCHNITZER, ALAN	
STREET ADDRESS	8403 LORRIE	
CITY-ST-ZIP	HOUSTON TX 77025	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LAVIAGE, MARSHA	
STREET ADDRESS	408 S.E. 28TH STREET AVE	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	S	<input type="checkbox"/> Delete
NAME	LAVIAGE, SAM S	
STREET ADDRESS	408 S.E. 28TH STREET AVE	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	0	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHNITZER, ALAN	
STREET ADDRESS	8403 LORRIE	
CITY-ST-ZIP	HOUSTON TX 77025	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAVIAGE, MARSHA	
STREET ADDRESS	408 S.E. 28th Ave.	
CITY-ST-ZIP	POMPANO BEACH, FL 33062	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAVIAGE, SAM S.	
STREET ADDRESS	408 S.E. 28th Ave.	
CITY-ST-ZIP	POMPANO BEACH, FL 33062	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: *Marsha Lavidge*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARSHA LAVIAGE

Date

Daytime Phone #

1-8-2001 (954) 783-7275

CR2E034 (10/00)