

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2001 8:00 am
Secretary of State

01-13-2001 90034 001 ***872.50

DOCUMENT # P98000087368

1. Entity Name
MARGE ENTERPRISES, INC.

Principal Place of Business
**3275 WEST HILLSBORO BLVD.
 SUITE 110
 DEERFIELD BEACH FL 33442-9410
 US**

Mailing Address
**3275 WEST HILLSBORO BLVD.
 SUITE 110
 DEERFIELD BEACH FL 33442-9410
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0868276** Applied For
 Not Applicable

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

Zip Country Zip Country

6. Name and Address of Current Registered Agent
**COLEMAN, ANTHONY G JR.
 6194 NORTH FEDERAL HIGHWAY
 BOCA RATON FL 33487**

7. Name and Address of New Registered Agent
 Name **ANTHONY G. COLEMAN, JR.**
 Street Address (P.O. Box Number is Not Acceptable)
3275 W. HILLSBORO BLVD #207
 City **DEERFIELD BCH** FL Zip Code **33442**

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 DATE **1/3/01**

Signature, typed or printed name of registered agent and title if applicable NOTE: Registered Agent Signature required when reinstating

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	PD EISENBERG, MARGARET W 3275 WEST HILLSBORO BLVD., STE. 110 DEERFIELD BEACH FL 33442-9410 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 DATE **1/5/01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (10/00)