

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000093958

1. Entity Name

MARVIN CENTRES GP, INC.

FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

C/O CENTRES, INC.
3315 NORTH 124TH STREET #E
BROOKFIELD WI 53005

Mailing Address

C/O CENTRES, INC.
3315 NORTH 124TH STREET #E
BROOKFIELD WI 53005



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9130 S. Dadeland Blvd.

3. Mailing Address

9130 S. Dadeland Blvd.

Suite, Apt. #, etc.

Suite 1528

Suite, Apt. #, etc.

Suite 1528

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

39-1947213

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHEVIN, ARNOLD D
TWO DATRAN CENTER - SUITE 1528
9130 SOUTH DADELAND BOULEVARD
MIAMI FL 33156

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE DP
NAME KARL, KENNETH B
STREET ADDRESS 9130 SOUTH DADELAND BLVD. #1528
CITY-ST-ZIP MIAMI FL 33156 ☐ Delete

TITLE VST
NAME NENNIG, MICHELLE M
STREET ADDRESS 3315 N 124TH ST., STE-E
CITY-ST-ZIP BROOKFIELD WI 53005 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE SV/T/AS
NAME CHARLTON, DAVID K.
STREET ADDRESS 9130 S. Dadeland Blvd., Ste. 1528
CITY-ST-ZIP MIAMI, FL 33156 ☐ Change ☒ Addition

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

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

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

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

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

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:

Signature of David K. Charlton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/11/00

305-670-1997

Date

Daytime Phone #

CR2E014 01/00