2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OR PRINTED NAME

May 27, 2002 8:00 am Secretary of State P98000102752 DOCUMENT # 05-27-2002 90417 029 ***150.00 1. Entity Name MARLIN REAL ESTATE HOLDINGS, INC. Mailing Address Principal Place of Business 2600 \$. OCEAN BLVD.. #12-F 2600 S. OCEAN BLVD., #12-F **BOCA RATON FL 33432 BOCA RATON FL 33432** 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 65-0912634 Not Applicable Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GIUNTA, PATRICK B Street Address (P.O. Box Number is Not Acceptable) GIUNTA, HOUSE & ROMM, P.A. 2189 S.E. 9TH STREET POMPANO BEACH FL 33069 Zip Code f changing its registered office or registered agent, or both, in the State of Florida. tatement for the purp 8. The above named entity submit 4-/0-02 VOTE: Registered Agent signature required when reinstating FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 11. OFFICERS AND DIRECTORS (9/01) Addition ☐ Change TITLE ☐ Delete TITLE Dworkin, Doris NAME NAME 2600 S. OCEAN BLVD., #12F STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33432** CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE DWORKIN, MARC NAME NAME 2600 S. OCEAN BLVD., #12F STREET ADDRESS STREET ADDRESS BOCA-RATON FL 33432 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE Delete HAME DWORKIN,-ELLIOT = NAME 2600 S. OCEAN BLVD., #12F STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOCA RATON FL 33432 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete 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 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 access, with all other like empowered.

OR DIRECTOR

FILED