

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90107 017 ***150.00

DOCUMENT # P98000106124

1. Entity Name
MARKMAR INVESTMENTS, INC.

Principal Place of Business Mailing Address
7000 W PALMETTO PARK ROAD STE 400
BOCA RATON FL 33433 **7000 W PALMETTO PARK ROAD STE 400**
BOCA RATON FL 33433-3425



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
301 Secret Rd. **7000 W. Palmetto Park Rd.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
1051 **200**

City & State City & State
Largo FL **BOCA RATON FL**

Zip Country Zip Country
33771 U.S.A. **33433 U.S.A.**

4. FEI Number **65-0886206** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
GARLEK, STEVEN
7000 W PALMETTO PARK ROAD STE 400 200
BOCA RATON FL 33433

7. Name and Address of New Registered Agent
 Name
STEVEN GARLEK
 Street Address (P.O. Box Number is Not Acceptable)
7000 W. PALMETTO PARK RD Suite 200
 City **BOCA RATON** FL Zip Code **33433**

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]* DATE **MARCH 14, 2000**
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.
FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST MARTENFELD, EDWARD 86 GUIDED CT #23, ETOBICOKE ONTARIO, CANADA M9V- 4K6 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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]* DATE **MARCH 14, 2000** 727-546-4447
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/99)