

**FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P98000106124**  
 1. Entity Name  
**MARKMAR INVESTMENTS, INC.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**3007 HERON PLACE**  
 Suite, Apt. #, etc.

3. Mailing Address  
**700 S. FEDERAL HWY**  
 Suite, Apt. #, etc.  
**SUITE 200**

City & State  
**CLEARWATER FL**

City & State  
**BOCA RATON FL**

Zip  
**33762** Country

Zip  
**33432** Country

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

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

**DO NOT WRITE  
 IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
**STEVEN GARELLEK**

Street Address (P.O. Box Number is Not Acceptable)  
**700 S. FEDERAL HWY**

**SUITE 200**

City **BOCA RATON** FL Zip Code **33432**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when rechartered)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

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	<b>PST EDWARD MARTENFELD 86 GUIDED COURT #23 ETOBICOKE ON CANADA M9V 4K6</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *E. Martenfeld* - President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**E. MARTENFELDS**

*April 30 2002* 727-546-4447  
DATE DAYTIME PHONE #

CFR2034B (12/01)