## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** 

Principal Place of Business

-DEERFIELD-BEACH FL 33442-

C/O ANDREW M. SCHWARTZ. P.A.

-1701-WEST-HILLSBORO-BLVD. #300

P99000009333

Mailing Address

-C/O - ANDREW-M. SCHWARTZ-P:A.

PERFIELD BEACH FL 33442

~1701-WEST-HILLSBORO-BLVD. #900-

1. Entity Name MARART, INC.



FILED Feb 05, 2003 8:00 am Secretary of State

02-05-2003 90173 032 \*\*\*150.00

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2. Principal Place of Business 40 ARTHUR RIBEN			3. Mailing Address C/o ARTHUR RIBEN									
Suite, Apt. #, etc. 3603 N.W. SIXTH ST.			Suite, Apt. #, etc. 3603 N.W SIXTH ST.				CHECK HERE IF MAKING CHANGES  4 FEI Number To 2422224  Applied For					
DEERFIELD BEACH, FL			City & State  DEERFIELD BEA			KH, FL		El Number 58-2439621	<u> </u>	Not App	olicable	
Zip Country 33 442			<sup>Zip</sup> 33442			untry		Certificate of Status Desired	Fee Re	Additiona equired	ď	
6. Name and Address of Current Registered Agent							7. Name and Address of New Registered Agent					
ROSENBERG, MARILYN 4023 UPMINISTER K					Name Street Address (P.O. Box Number is Not Acceptable)							
DEERFIELD BEACH FL 33442											1	
DEENTILLY BLACKTIC COME					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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE												
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  On the signature required when reinstating to the signature required when required when respectively required when representation required when represen												
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State										<b>\$5.00</b> Ma Added to Fe		
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TITLE NAMÉ	RIBEN, ARTHUR	NAI			A DDKESS							
STREET ADDRESS C/O 1791 WEST HILLSBORD BLVD. #308- CITY-ST-ZIP DEERFIELD BEACH FL 33442					REET ADDRESS Y-ST-ZIP	3b	603 N.W. SIXTH ST.					
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CITY-ST-ZIP		- 41.1. PO				todin S	ection	119.07(3)(i), Florida Statutes. I furt	her certify the	at the inform	nation	
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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)(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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIG CUTARLES THE SEASON SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTED

2/1/03

954-421-9225

Daytime Phone #