

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 04, 2000 8:00 am**  
**Secretary of State**  
 05-04-2000 90227 027 \*\*\*150.00

DOCUMENT # **P99000039241**  
 Entity Name **Marc J Enterprises Inc**

Principal Place of Business Mailing Address  
**11202 Glenmoor Dr SAME**  
**West Palm Bch. FL 33409**

Principal Place of Business 3. Mailing Address  
**202 Glenmoor Dr** **11202 Glenmoor Dr**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
**West Palm Bch FL** **W. P. B FL**  
 Zip Country Zip Country  
**33409 USA** **33409 USA**

6. Name and Address of Current Registered Agent  
**Marc Jaffe**  
**11202 Glenmoor Dr**  
**West Palm Bch FL 33409**

4. FEI Number **65-0957265** Applied For  
 Not Applicable  
 5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>President</b>			
<b>Marc Jaffe</b>			
<b>11202 Glenmoor Dr</b>			
<b>West Palm Bch FL 33409</b>			
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: **Marc E. Jaffe** Date **4/24/00** Daytime Phone # **561-689-5409**

CR2E034 (9/99)