2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 03, 2000 8:00 am Secretary of State DOCUMENT # **P99000079328** MAR ENTERPRISES OF PALM BEACH, INC. 03-03-2000 90195 037 ***150.00 Mailing Address Principal Place of Business 1326 N. DIXIE HWY.. SUITE 10 1326 N. DIXIE HWY., SUITE 10 LAKE WORTH FL 33460-1839 LAKE WORTH FL 33460 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite Ant # etc. Applied For City & State - City & State Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BENITEZ, MARCELINO C Street Address (P.O. Box Number is Not Acceptable) 1326 N. DIXIE HWY., SUITE 10 LAKE WORTH FL 33460 Zip Code FL 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, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition TITLE ☐ Delete TITLE BENITEZ, MARCELINO C NAME NAME 620 FERNWOOD DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP W. PALM BCH FL 33405 CITY-ST-ZIP Addition Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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, without the relief of the corporation of the corporation of the receiver of trustee empowered in the corporation of the corporation of the receiver of trustee empowered in the corporation of the corpor

ATTHRE AND TOPETOR PRINTED NAME OF GRANG OFFICER OF DIRECTOR . PRES .

SIGNATURE: