

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2003 8:00 am**  
**Secretary of State**

03-24-2003 90199 016 \*\*\*150.00

DOCUMENT # P99000084833

1. Entity Name  
MARSTAN, INC.



Principal Place of Business

~~6505 SW 131 ST.~~  
PINECREST FL 33156

Mailing Address

6505 SW 131 ST.  
PINECREST FL 33156

2. Principal Place of Business

4970 SW 78 ST

3. Mailing Address

4970 SW 78 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33143

Country

USA

Zip

33143

Country

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0949895

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

AMERICAN INFORMATION SERVICES, INC.  
ONE S.E. 3RD AVE., 28TH FLOOR  
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D  
NAME WAKSHLAG, STANLEY ☐ Delete  
STREET ADDRESS 6505 SW 131 ST.  
CITY-ST-ZIP PINECREST FL 33156

TITLE D  
NAME WAKSHLAG, MARTHA ☐ Delete  
STREET ADDRESS 6505 SW 131 ST.  
CITY-ST-ZIP PINECREST FL 33156

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE WAKSHLAG, STANLEY ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 4970 SW 78 ST  
CITY-ST-ZIP MIAMI, FL 33143

TITLE WAKSHLAG, MARTHA ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 4970 SW 78 ST.  
CITY-ST-ZIP MIAMI, FL 33143

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *Marta Wakshlag*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-03 305-662-7060  
Date Daytime Phone #

CR2E034 (10/02)