

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

FILED
Jun 03, 2002 8:00 am
Secretary of State

06-03-2002 91167 047 ***150.00

DOCUMENT # **P99000088233**
1. Entity Name **MARVEL DEMOLITION EQUIPMENT INC.**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **FLORIDA 2721 NE 36th ST.**
Suite, Apt. #, etc.

3. Mailing Address **2721 N.E 36th ST.**
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State **LNP., FL.**
Zip **33064** Country **U.S.A.**

City & State **LIGHTHOUSE POINT, FL.**
Zip **33064** Country **U.S.A.**

4. FEI Number **65-0953649**
Applied For ☐ Not Applicable

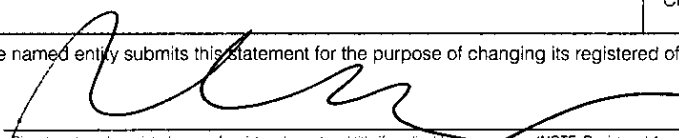
5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **VELCI SCOR**
Street Address (P.O. Box Number is Not Acceptable)
2721 N.E 36th ST.
City **LNP.** FL Zip Code **33064**

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)

DATE

VELCI SCOR PRES. MAY. 28/02

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

January 1, May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

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	PRESIDENT VELCI SCOR 2721 N.E 36th ST. LNP., FL., 33064.
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13. 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 on an attachment with an address, with all other like empowered.

SIGNATURE: **VELCI SCOR PRES.**  **MAY. 28/02 954 785-1984**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)