

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

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91149 045 ***150.00

DOCUMENT # **500294** ✓

1. Entity Name

MARBRAD, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 930 Washington Ave.		3. Mailing Address 930 Washington Ave.	
Suite, Apt. #, etc. 5th floor		Suite, Apt. #, etc. 5th floor	
City & State Miami Beach, Florida		City & State Miami Beach, Florida	
Zip 33139	Country USA	Zip 33139	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 650217041		Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			

7. Name and Address of Current Registered Agent	
Name Brad L. Krassner	
Street Address (P.O. Box Number is Not Acceptable) 930 Washington Avenue	
City 5th floor	
City Miami Beach, Florida	Zip Code FL 33139

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

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	President Brad L. Krassner 2040 North Bay Road Miami Beach, Florida 33140	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice President Joe Marsh 605 Surfside Drive Akron, Ohio	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Manager Saul Gross 1125 Washington Avenue Miami Beach, Florida 33139	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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: **Brad L. Krassner**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-30-02 (305) 672-9980
Date Daytime Phone #

CR2E034B (12/01)