

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 90011 003 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S23043

1. Entity Name

MAR-FLITE ASSOCIATES, INC.

Principal Place of Business

Mailing Address

1323 S.E. 17TH ST.
STE. #156
FT. LAUDERDALE, FL 33316

1323 S.E. 17TH ST.
STE. #156
FT. LAUDERDALE, FL 33316

A0063548

2. Principal Place of Business

691 S. OCEAN BLVD.

3. Mailing Address

691 S. OCEAN BLVD.

Subs. Act. #, etc.

Subs. Act. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
BOCA RATON, FL

City & State
BOCA RATON, FL

4. FEI Number

65-0233308

Applied For

Not Applicable

Zip
-33432

Country
PALM BEACH

Zip
33432

Country
PALM BEACH

6. Certificate of Status Desired

\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND DR.
PLANTATION, FL 33324

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.

SIGNATURE

Signature, Agent or printed name of registered agent and the filer.

NOTE: Registered Agent signature required when changing.

DATE

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

10. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE: PD
NAME: HASHMAN, SAMUEL
STREET ADDRESS: 1323 S.E. 17TH ST. #156
CITY-STATE-ZIP: FT. LAUDERDALE, FL Delete

TITLE: VP
NAME: HASHMAN, SAMUEL
STREET ADDRESS: 1323 S.E. 17TH ST. #156
CITY-STATE-ZIP: FT. LAUDERDALE, FL Delete

TITLE: TSD
NAME: HASHMAN, DINA
STREET ADDRESS: 1323 S.E. 17TH ST. #156
CITY-STATE-ZIP: FT. LAUDERDALE, FL Delete

TITLE: Delete
NAME: Delete
STREET ADDRESS: Delete
CITY-STATE-ZIP: Delete

TITLE: Delete
NAME: Delete
STREET ADDRESS: Delete
CITY-STATE-ZIP: Delete

TITLE: Delete
NAME: Delete
STREET ADDRESS: Delete
CITY-STATE-ZIP: Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: Change Addition
NAME: Change Addition
STREET ADDRESS: 691 S. OCEAN BLVD.
CITY-STATE-ZIP: BOCA RATON, FL 33432

TITLE: Change Addition
NAME: Change Addition
STREET ADDRESS: 691 S. OCEAN BLVD.
CITY-STATE-ZIP: BOCA RATON, FL 33432

TITLE: Change Addition
NAME: Change Addition
STREET ADDRESS: 691 S. OCEAN BLVD.
CITY-STATE-ZIP: BOCA, RATON, FL 33432

TITLE: Change Addition
NAME: Change Addition
STREET ADDRESS: Change Addition
CITY-STATE-ZIP: Change Addition

TITLE: Change Addition
NAME: Change Addition
STREET ADDRESS: Change Addition
CITY-STATE-ZIP: Change Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information included 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:

[Handwritten Signature]

President 4/26/01

CR26034 (1/00)