

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 19, 2001 8:00 am**  
**Secretary of State**  
03-19-2001 90215 001 \*\*\*300.00

0135513

**DOCUMENT # V32005**

1. Entity Name

**MARLENE D'ARCY, INC.**

Principal Place of Business

**1100 SW 12TH AVE  
POMPANO BEACH FL 33069**

Mailing Address

**1100 SW 12TH AVE  
POMPANO BEACH FL 33069****31602**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number **65-0328139**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STOLAR, DAVID  
1350 KANE CONCOURSE  
BAY HARBOUR ISLAND FL 33154**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input type="checkbox"/> Delete
NAME	NICOLD, MATTHEW	
STREET ADDRESS	1901 N ATLANTIC BLVD #16A	
CITY-ST-ZIP	FT LAUDERDALE FL 33305	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input type="checkbox"/> Delete
NAME	NICOLD, RICHARD	
STREET ADDRESS	1901 N ATLANTIC BLVD #16A	
CITY-ST-ZIP	FT LAUDERDALE FL 33305	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VP	<input type="checkbox"/> Delete
NAME	NICOLD, AMY	
STREET ADDRESS	1901 N ATLANTIC BLVD #16A	
CITY-ST-ZIP	FT LAUDERDALE FL 33305	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	CS	<input type="checkbox"/> Delete
NAME	PERRETTY, JEANNE	
STREET ADDRESS	4937 NW 47TH AVENUE	
CITY-ST-ZIP	COCONUT CREEK FL 33073	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)