

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2001 8:00 am
Secretary of State
 03-22-2001 90051 035 ***150.00

DOCUMENT # K30556 ✓
 1. Entity Name
 2001 MARATHON, INC

Principal Place of Business Mailing Address
 604 N.E 2nd St 604 N.E 2nd St
 DANIA BEACH, FL 33004 DANIA BEACH FL 33004
 Mr. J. MAZAMER Mr. J. MAZAMER

2. Principal Place of Business 3. Mailing Address
 604 N.E 2nd St 604 N.E 2nd St
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 #224 #224

City & State City & State
 DANIA BEACH FL DANIA BEACH, FL
 Zip Country Zip Country
 33004 BROWARD 33004 BROWARD

4. FEI Number Applied For
 65-0118686 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

A0036216

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 RUTH MAZAMER
 604 N.E 2nd St
 DANIA BEACH, FL 33004

7. Name and Address of New Registered Agent
 Name: ~~RUTH MAZAMER~~
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JUDITH MAZAMER, Pres <input type="checkbox"/> Delete 604 N.E 2nd St DANIA BEACH, FL 33004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY <input type="checkbox"/> Delete Ruth Mazamer 604 N.E 2nd St DANIA, FL 33004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Judith Mazamer, Pres 3/18/2001 954-925-4550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)