2000 UNIFORM BUSINESS REPORT (UBR)

indicated on this report or supplementa of the corporation or the receiver or the

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FILED DOCUMENT # **590883** Apr 05, 2000 8:00 am Secretary of State 1. Entity Name MARINO & SACHS, P.A. 04-05-2000 90067 006 ***150.00 Mailing Address Principal Place of Business 645 S E 5TH TERRACE 645 S E 5TH TERRACE FT LAUDERDALE FL 33301-3126 FT LAUDERDALE FL 33301 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-1872489 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MARINO, ANGELO, JR. Street Address (P.O. Box Number is Not Acceptable) 645 S E 5TH TERRACE FT. LAUDERDALE FL 33301 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS ☐ Change ☐ Addition TITLE Delete TITLE MARINO, ANGELO JR. NAME NAME STREET ADDRESS 645 S.E. 5TH TERRACE STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP curality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and that my signature shall have the same legal effect as if made under oath; that I am an officer or director is report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. Thereby certify that the information supplied with this filing does no

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