

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J24272

1. Entity Name

M. KREKORIAN AND COMPANY, INC.

**FILED**  
**Mar 24, 2000 8:00 am**  
**Secretary of State**

03-24-2000 90090 018 \*\*\*150.00

Principal Place of Business

Mailing Address

% MARK KREKORIAN  
12616 CLENDENNING DR  
TAMPA FL 33624

% MARK KREKORIAN  
12616 CLENDENNING DR  
TAMPA FL 33549-5312



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

18908 Place Manquette  
Suite, Apt. #, etc.

18908 Place Manquette  
Suite, Apt. #, etc.

City & State

City & State

Lt 2, FL

Lt 2, FL

Zip

Country

33549

Zip

Country

33549

4. FEI Number

59-2714633

Applied For

Not Applicable

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

KREKORIAN, MARK  
12616 CLENDENNING DR  
TAMPA FL 33624

Name

Street Address (P.O. Box Number is Not Acceptable)

18908 Place Manquette

City

Lt 2

FL

Zip Code

33549

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, 2000 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 PD ☐ Delete  
NAME KREKORIAN, MARK  
STREET ADDRESS 12616 CLENDENNING DR  
CITY-ST-ZIP TAMPA FL

TITLE ☒ Change ☐ Addition  
NAME 18908 Place Manquette  
STREET ADDRESS Lt 2, FL 33549  
CITY-ST-ZIP

TITLE VSDT ☐ Delete  
NAME KREKORIAN, MICHELE  
STREET ADDRESS 12616 CLENDENNING DRIVE  
CITY-ST-ZIP TAMPA FL

TITLE ☒ Change ☐ Addition  
NAME 18908 Place Manquette  
STREET ADDRESS Lt 2, FL 33549  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: MARK KREKORIAN 2/1/00 813 9498833  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)