

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

05-02-2000 90131 028 \*\*\*150.00

**DOCUMENT # P93000084201**

1. Entity Name

**LANDMARK MANAGEMENT SERVICES INC.**

Principal Place of Business

Mailing Address

9000 SHERIDAN ST  
 SUITE 116  
 PINES FL 33024

9000 SHERIDAN ST  
 SUITE 116  
 PEMBROKE PINES FL 33024-8801  
 US

2. Principal Place of Business

12323 SW 55th St.

3. Mailing Address

12323 SW 55th St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

BLD 1000 Suite 1002

Building 1000 Suite 1002

City & State

City & State

Cooper City FLORIDA

Cooper City FLORIDA

Zip

Zip

33330

Country

Country

Barbados

Barbados



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0452392

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

SONNEBORN, KENT  
 11901 NW 13TH CT  
 PEMBROKE PINES FL 33026

Name

KENT D. SONNEBORN

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

12323 SW 55th St. Building 1000

Suite 1002

City

Cooper City Florida

FL

Zip Code

33330

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)

4/18/2000  
 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	D	<input type="checkbox"/> Delete
NAME	SONNEBORN, KENT	
STREET ADDRESS	11901 NW 13TH CT	
CITY-ST-ZIP	PEMBROKE PINES FL 33026	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 #

Kent D. Sonneborn 4/18/2000 954-680 9545

CR2E034 (9/99)