

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000037148

1. Entity Name

DE LA O & MARKO, P.A.

FILED
Feb 20, 2001 8:00 am
Secretary of State

02-20-2001 90057 013 ***150.00

Principal Place of Business

% MICHAEL BRAULT, CPA
7800 W. OAKLAND PARK BLVD., BLDG. G
SUNRISE FL 33351
US

Mailing Address

% MICHAEL BRAULT, CPA
7800 W. OAKLAND PARK BLVD., BLDG. G
SUNRISE FL 33351
US

2. Principal Place of Business

3001 SW 3rd Ave.

Suite, Apt. #, etc.

3. Mailing Address

3001 SW 3rd Ave

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-0492134

Applied For

Not Applicable

Zip

33129

Country

USA

Zip

33129

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARKO, DAVID E
3001 SW 3RD AVE
MIAMI FL 33129

7. Name and Address of New Registered Agent

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

DAVID E. MARKO

2-10-01

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 ☐ Delete
NAME D
STREET ADDRESS MARKO, DAVID E
CITY-ST-ZIP 3001 SW 3RD AVE
MIAMI FL 33129

TITLE ☐ Delete
NAME D
STREET ADDRESS DE LA O, MIGUEL M
CITY-ST-ZIP 3001 SW 3RD AVE
MIAMI FL 33129

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-10-01 305-285-2000

CR2E034 (10/00)