2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

FILED Jan 22, 2001 8:00 am Secretary of State DOCUMENT # P99000087933 1. Entity Name MARKS & FLEISCHER, P.A. 01-22-2001 90025 044 ***158.75 Principal Place of Business Mailing Address 303 SW 6TH STREET 303 SW 6TH STREET FORT LAUDERDALE FL 33315 FORT LAUDERDALE FL 33315 AUUUUBbur 2. Principal Place of Business 3. Mailing Address * Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FE! Number Applied For 65-0953731 Not Applicable Country Zip Country \$8.75 Additional Zip 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PLOUCHA, L.M. ESQ Street Address (P.O. Box Number is Not Acceptable) C/O ATKINSON, DINER, STONE, ET. AL. 1946 TYLER STREET HOLLYWOOD FL 33020 City Zip Code FL 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be-After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. CR2E034 (10/00) TITLE ☐ Change ☐ Addition TITLE ☐ Delete MARKS, GARY NAME NAME STREET ADDRESS STREET ADDRESS 303 SW 6TH STREET CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33315 Change ☐ Addition ☐ Delete TITLE TITLE NAME FLEISCHER, AMIR NAME STREET ADDRESS STREET ADDRESS 303 SW 6TH STREET C/TY-ST-7IP CITY-ST-ZIP FORT LAUDERDALE FL 33315 Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not quarry 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 a curate 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