

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90323 033 \*\*\*158.75

**DOCUMENT # P00000092930**

**1. Entity Name**  
**2R INCORPORATED**

**Principal Place of Business**

~~2828 SW 117 AVE~~  
~~DAVIE FL 33330~~

**Mailing Address**

~~2828 SW 117 AVE~~  
~~DAVIE FL 33330~~

**2. Principal Place of Business**

**3505 Oaks Way**  
**# 112**

**3. Mailing Address**

**3505 Oaks Way**  
**# 112**

**Suite, Apt. #, etc.**

**Suite, Apt. #, etc.**

**City & State**

**City & State**

**Pompano Beach FL**

**Pompano Beach FL**

**Zip**

**Country**

**Zip**

**Country**

**33069**

**US**

**33069**

**US**

**6. Name and Address of Current Registered Agent**

**PESTRICHELLI RICHARD H**

**2828 SW 117 AVE**  
**DAVIE FL 33330**

**Name**

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

**City**

**FL**

**Zip Code**

**Carole H. Marks**

**3505 Oaks Way #112**

**Pompano Beach**

**33069**

**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** *Carole H. Marks*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**4-25-02**

**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, 2002 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** **PTD**  
**NAME** **PESTRICHELLI RICHARD H**  
**STREET ADDRESS** **13201 SHERIDAN STREET**  
**CITY-ST-ZIP** **FT LAUDERDALE FL 33330** ☒ Delete

**TITLE** **SO**  
**NAME** **MARKE, RICHARD B**  
**STREET ADDRESS** **13201 SHERIDAN STREET**  
**CITY-ST-ZIP** **FT LAUDERDALE FL 33330** ☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP** ☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP** ☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP** ☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP** ☐ Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

**TITLE** **President**  
**NAME** **Richard B Marks**  
**STREET ADDRESS** **3505 Oaks Way #112**  
**CITY-ST-ZIP** **Pompano Beach FL 33069** ☒ Change ☐ Addition

**TITLE** **Sec.**  
**NAME** **Carole H Marks**  
**STREET ADDRESS** **3505 Oaks Way #112**  
**CITY-ST-ZIP** **Pompano Beach FL 33069** ☐ Change ☒ Addition

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

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

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

**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

**4-25-02**

Date

**9548496168**

Daytime Phone #

CR2E034 (9/01)