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Mar 01, 1999 8:00 am  
Secretary of State

03-01-1999 90052 047 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 120295

1. Corporation Name  
UNGER-MARSHALL COMPANY

Principal Place of Business  
300 71ST STREET  
MIAMI BEACH FL 33141

Mailing Address  
300 71ST STREET  
MIAMI BEACH FL 33141

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 523 MICHIGAN AVE

Suite, Apt. #, etc.

22

City & State

23 MIAMI BEACH FL

Zip

24 33139

Country

25

2a. Mailing Address

26 523 MICHIGAN AVE

Suite, Apt. #, etc.

27

City & State

28 MIAMI BEACH FL

Zip

29 33139

Country

30

3. Date Incorporated or Qualified

07/01/1929

4. FEI Number

59-0805662

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

ANDREWS, JOYCE E  
300 71ST STREET, SUITE 300  
MIAMI BEACH FL 33141

10. Name and Address of New Registered Agent

81 Name

JONATHAN FRYD

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

523 MICHIGAN AVENUE

83

84 City

MIAMI BEACH

FL

85 Zip Code

33139

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

JONATHAN FRYD V.P.

1/30/99

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	WERBLOW, MARCELLA U.	
STREET ADDRESS	300 71ST STREET	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	ANDREWS, JOYCE E.	
STREET ADDRESS	300 71ST STREET	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ABESS, LEONARD L.	
STREET ADDRESS	300 71ST STREET	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	ABESS, LEONARD L. J	
STREET ADDRESS	300 71ST STREET	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MICHAEL COMEAS	
1.3 STREET ADDRESS	1111 LINCOLN ROAD	
1.4 CITY-ST-ZIP	MIAMI BEACH, FL 33139	
2.1 TITLE	VP, D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JONATHAN FRYD	
2.3 STREET ADDRESS	523 MICHIGAN AVENUE	
2.4 CITY-ST-ZIP	MIAMI BEACH, FL 33139	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

JONATHAN FRYD V.P.

1/30/99

305 673 2948

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)