

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2001 8:00 am
Secretary of State
 01-23-2001 90044 045 ***150.00

DOCUMENT # 226064

1. Entity Name
ARMSTRONG MANOR INC

Principal Place of Business

Mailing Address

~~333 UNIVERSITY DR #401~~
~~CORAL GABLES FL 33134~~

~~333 UNIVERSITY DR #401~~
~~CORAL GABLES FL 33134~~

11377 SW 84th St #341
 MIAMI FL 33173

11377 SW 84th St #341
 MIAMI FL 33173

2. Principal Place of Business

3. Mailing Address

11377 SW 84th St
 Suite, Apt. #, etc.
 MIAMI FL #341

11377 SW 84th St #341
 Suite, Apt. #, etc.
 MIAMI FL

City & State

City & State

33173

33173

Zip
 33173

Country

DADE

Zip
 33173

Country

DADE



702006

DO NOT WRITE IN THIS SPACE

4. FET Number **59-0882160**

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

MARKS, ANNE E

~~333 UNIVERSITY DR #401~~
~~CORAL GABLES FL~~
~~MIAMI FL 33134~~

11377 SW 84th St
 MIAMI FL #341
 33173

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

Anne E Marks

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

(NOTE: Registered Agent signature required when reinstating)

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	MARKS, LAWRENCE M	
STREET ADDRESS	3840 KENT CT	
CITY-ST-ZIP	CORAL GABLES FL 33133	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MARKS, ANNE E	
STREET ADDRESS	333 UNIVERSITY DR #401 11377 SW 84th St	
CITY-ST-ZIP	CORAL GABLES FL MIAMI FL 33173 #341	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MARKS, STEVEN	
STREET ADDRESS	545 CASARINA CONCOURSE (545)	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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:

Anne E Marks

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/9/01

Daytime Phone #

CR2E034 (10/00)