

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 17, 2002 8:00 am**  
**Secretary of State**

07-17-2002 90136 037 \*\*\*150.00

**DOCUMENT # 483880**

1. Entity Name  
**MARK SAKOFF P.A.**

Principal Place of Business

**8701 SW 102ND ST  
 MIAMI FL 33176**

Mailing Address

**GELBER & COMPANY  
 285 NW 199TH ST #204  
 MIAMI FL 33169**

2. Principal Place of Business  
**16136 VIA MONTEVERDE**

3. Mailing Address  
**11450 INTERCHANGE CIRCLE NORTH**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**DELRAY BEACH, FL**

City & State  
**MIRAMAR, FL**

4. FEI Number  
**59-1627375**

Applied For  
 Not Applicable

Zip  
**33446**

Country

Zip  
**33025**

Country

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

**SAKOFF, MARC H  
 8701 SW 102ND ST  
 MIAMI FL 33176**

Name

Street Address (P.O. Box Number is Not Acceptable)  
**16136 VIA MONTEVERDE**

City  
**DELRAY BEACH**

FL Zip Code  
**33446**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SAKOFF, MARC 8701 SW 102ND ST MIAMI FL 33176 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	16136 VIA MONTEVERDE DELRAY BEACH, FL 33446 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 an other like empowered.

SIGNATURE: ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/10/02

561-861-8633

CR2E034 (4/02)

Attachment # 483880  
80629941

FROM THE DESK OF  
DR. MARC H. SAKOFF

Attachments



JULY 10 2002 #

Re: Document # 483880  
FEI # 59-1627375

To whom it may concern  
Because of an address change  
these forms were never received  
Please accept my apologies for  
the lateness in filing.  
Thank you.

Sincerely

Marc H. Sakoff / DM

New address:

ADDISON RESERVE  
16136 VIA MONTEVERDE  
DeBary Beach, FL 33446