

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 552749

1. Entity Name

MARKSHAM INTERNATIONAL, INC.

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90064 035 ***150.00

Principal Place of Business

Mailing Address

P O BOX 561164
MIAMI FL 33156
US

P O BOX 561164
MIAMI FL 33256-1164
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1781654

Applied For

Not Applicable

Zip

Country

Zip

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

SHAPIRO, LOIS M
8472 NW 61 STREET
MIAMI FL 33166

Name SHAPIRO, LOIS M

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

12600 S.W. 71 AVE
MIAMI

City

FL

Zip Code 33156

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 *Lois M Shapiro* LOIS M SHAPIRO

2/22/00

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, 2000 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
NAME SHAPIRO, LOIS M
STREET ADDRESS 8472 NW 61ST STREET
CITY-ST-ZIP MIAMI FL

☐ Delete

TITLE PD
NAME SHAPIRO, LOIS M
STREET ADDRESS 12600 S.W. 71 AVE
CITY-ST-ZIP MIAMI, FL. 33156

☒ Change ☐ Addition

TITLE D
NAME MARKS, SETH B.
STREET ADDRESS 1723 CONSULATE PLACE
CITY-ST-ZIP W.PALM BCH FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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:

Lois M Shapiro LOIS M SHAPIRO

2/22/00

305-2541939

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)