

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Mar 01, 2000 8:00 am**  
**Secretary of State**

03-01-2000 90056 035 \*\*\*150.00

LUGU0013



DO NOT WRITE IN THIS SPACE

**DOCUMENT # 560564**

1. Entity Name

**FRAN MARKUS INTERIORS, INC.**

Principal Place of Business

10155 COLLINS AVE  
#1006  
BAL HARBOUR FL 33154  
US

Mailing Address

10155 COLLINS AVE  
#1006  
BAL HARBOUR FL 33154-1624  
US

2. Principal Place of Business

10155 COLLINS AVE  
Suite, Apt. #, etc. #1006  
City & State BAL HARBOUR FL.  
Zip 33154 Country USA

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

4. FEI Number

59-1800746

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MARKUS, FRAN  
1880 S OCEAN DR  
HALLANDALE FL 33009

7. Name and Address of New Registered Agent

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 charging its registered office or registered agent, or both, in the State of Florida.

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 \$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

TITLE P  
NAME MARKUS, FRANCES  
STREET ADDRESS 10155 COLLINS AVE  
CITY-ST-ZIP BAL HARBOUR FL ☐ DeleteTITLE ST  
NAME MARKUS, HARRY  
STREET ADDRESS 10155 COLLINS AVE  
CITY-ST-ZIP BAL HARBOUR FL ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
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: H. MARKUS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/22/00 305 867 0125

CR2E034 (9/99)