

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90041 015 ***150.00

0594286 AT

DOCUMENT # 645483

1. Entity Name
MARK R. VOGEL, P.A.

Principal Place of Business

**601 BRICKELL KEY DR
 STE 801
 MIAMI FL 33131
 US**

Mailing Address

**PO BOX 112809
 MIAMI FL 33111
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**500 E. Broward Blvd.
 Suite, Apt. #, etc.
 18th Floor**

3. Mailing Address

**P.O. Box 350590
 Suite, Apt. #, etc.**

City & State
Fort Lauderdale, FL

City & State
Fort Lauderdale, FL

4. FEI Number
59-1951175

Applied For
 Not Applicable

Zip Country
33394 USA

Zip Country
33335 USA

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

6. Name and Address of Current Registered Agent

**VOGEL, MARK R
 601 BRICKELL KEY DR
 STE 801
 MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
**500 E. Broward Blvd.
 18th Floor
 City Fort Lauderdale FL Zip Code 33394**

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 Mark R. Vogel 01/17/02
(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, 2002 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 NAME ☐ Delete
ST VOGEL, MARK R
 STREET ADDRESS **601 BRICKELL KEY DR., STE 801**
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE NAME ☐ Delete
PD VOGEL, MARK R
 STREET ADDRESS **601 BRICKELL KEY DR., STE 801**
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☒ Change ☐ Addition
 STREET ADDRESS **500 E. Broward Blvd., 18th Floor**
 CITY-ST-ZIP **Fort Lauderdale, FL 33394**

TITLE NAME ☒ Change ☐ Addition
 STREET ADDRESS **500 E. Broward Blvd., 18th Floor**
 CITY-ST-ZIP **Fort Lauderdale, FL 33394**

TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
 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 of 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: Mark R. Vogel 01/17/02 954-332-2465
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)