

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 741118

1. Entity Name

THE PRESIDENTS COUNCIL OF MAR-LEN GARDEN'S, INC.

FILED
Feb 23, 2000 8:00 am
Secretary of State

02-23-2000 90016 050 ****61.25

Principal Place of Business
16800 NE 14TH AVE
NORTH MIAMI BEACH FL 33162

Mailing Address
16800 NE 14TH AVE
NORTH MIAMI BEACH FL 33162-2836

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number **59-2060927**
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

SOUTHERTON, EDITH
16800 NE 14TH AVE
N MIAMI BCH FL 33162

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MITCHELL, LIONEL			NAME			
STREET ADDRESS	16900 NE 14TH AVE			STREET ADDRESS			
CITY-ST-ZIP	N MIAMI BCH FL			CITY-ST-ZIP			
TITLE	VPD	<input checked="" type="checkbox"/> Delete		TITLE	VP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GOLD, EMANUEL			NAME	Vaive, Andre		
STREET ADDRESS	16900 NE 14 AVE			STREET ADDRESS	16901 NE 13th Avenue		
CITY-ST-ZIP	N MIAMI BCH FL			CITY-ST-ZIP	N. Miami Beach, Fla. 33162		
TITLE	VPD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VILEM, TABEK			NAME			
STREET ADDRESS	16790 NE 14TH AVE			STREET ADDRESS			
CITY-ST-ZIP	N MIAMI BCH FL			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HERBERT, ELIZABETH			NAME			
STREET ADDRESS	1355 NE 167TH ST			STREET ADDRESS			
CITY-ST-ZIP	N MIAMI BCH FL			CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SMOLAR, MAX			NAME			
STREET ADDRESS	17000 NE 14TH AVE			STREET ADDRESS			
CITY-ST-ZIP	N. MIAMI BEACH FL			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Lionel Mitchell **LIONEL MITCHELL** 1/31/2000 305-947-4511
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #