

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90707 042 \*\*\*150.00

**DOCUMENT # 851861**



1. Entity Name  
**GASMARK CORP.**

Principal Place of Business  
**23433 ALZIRA CIRCLE  
BOCA RATON FL 33433  
US**

Mailing Address  
**C/O MARK GASARCH  
40TH WEST 57TH ST.-33FL  
NEW YORK NY 10019  
US**

**20006109**



2. Principal Place of Business

3. Mailing Address

**C/O MARK GASARCH**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**150 EAST 58TH ST-34 FL.**

City & State

City & State

**NEW YORK NY**

Zip

Country

Zip

Country

**10155**

**USA**

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **13-3019868**

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

**GASARCH, MARK  
23433 ALZIRA CIRCLE  
Y  
BOCA RATON FL 33433**

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. 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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **PSTD**  
STREET ADDRESS **GASARCH, MARK**  
CITY-ST-ZIP **200 EAST 87TH STREET #95  
NEW YORK NY 10128**

TITLE ☒ Change ☐ Addition  
NAME **PSTD**  
STREET ADDRESS **MARK GASARCH**  
CITY-ST-ZIP **530 EAST 86TH STREET #10-A  
New York, NY 10028**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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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 607, 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:

**Mark Gasarch, Pres.**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/8/03 212-956-9595**  
Date Daytime Phone #

CR2E034 (10/02)