

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F06842

1. Entity Name
MAROC OF FLA., INC.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90329 032 ***150.00

Principal Place of Business

Mailing Address

701 SE 6TH AVE
DELRAY BCH FL 33483

701 SE 6TH AVE
DELRAY BCH FL 33483

2. Principal Place of Business

3. Mailing Address

50 E. Sample Road

50 E. Sample Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

400

400

City & State

City & State

Pompano Beach, FL

Pompano Beach, FL

Zip

Country

Zip

Country

33064

USA

33064

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FLORESCUE, BARRY

701 SE 6TH AVE

DELRAY BCH, FL

DELRAY BEACH FL 33483

Name

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

50 E. Sample Road

Suite 400

City

Pompano Beach,

FL

Zip Code
33064

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

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, 2001 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 FLORESCUE, BARRY
STREET ADDRESS 701 SE 6TH AVE
CITY-ST-ZIP DELRAY BCH, FL 33483 ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 50 E. Sample Road, #400
CITY-ST-ZIP Pompano Beach, FL 33064

TITLE VP
NAME SCHEER, DANA
STREET ADDRESS 701 SE 6TH AVE
CITY-ST-ZIP DELRAY BEACH FL ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 50 E. Sample Road, #400
CITY-ST-ZIP Pompano Beach, FL 33064

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)