

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000002180

1. Entity Name

MARK WILK HOLDINGS INC.

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90162 047 ***150.00

Principal Place of Business Mailing Address
124 CHATILLON 124 CHATILLON
DOLLARD DES ORMEAUX. QUEBEC DOLLARD DES ORMEAUX. QUEBEC
H9B 2L7 CANADA H9B 2L7 CANADA
CA CA

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **NOT APPLICABLE** 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

MARCO, GERALD A ESQUIRE
1401 BRICKELL AVE.
STE. 530
MIAMI FL 33131

**#NO
PASSED
AWAY**

Name **MR. MARVIN FEINSTEIN**
Street Address (P.O. Box Number is Not Acceptable) **120 SOUTH UNIVERSITY DR.**
SUITE B
City **PLANTATION** FL Zip Code **33324**

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]**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	PSD WILK, MARK	124 CHATILLON DRIVE, DOLLARD DES ORMEAUX	QUEBEC H9B 2L7 CANADA	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> 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: **Mark Wilk**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark Wilk

18/01/01

Date

514 8464045

Daytime Phone #

CR2E034 (10/00)