

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 10, 2000 8:00 am**  
**Secretary of State**

05-10-2000 90178 042 \*\*\*158.75

**DOCUMENT # F97000000805**

1. Entity Name

**PINKSTONE & MARQUEZ INCORPORATED**

Principal Place of Business

Mailing Address

1012 HADDONFIELD ROAD, SUITE 202  
CHERRY HILL NJ 08002-2748

1012 HADDONFIELD ROAD, SUITE 202  
CHERRY HILL NJ 08002-2748

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PINKSTONE, MARK S**  
**10161 W. SUNRISE BLVD, UNIT 102**  
**PLANTATION FL 33322-5604**

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

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, 2000 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	PC	<input type="checkbox"/> Delete
NAME	PINKSTONE, MARK S	
STREET ADDRESS	10161 W. SUNRISE BLVD., UNIT 102	
CITY-ST-ZIP	PLANTATION FL 33322-5604	
TITLE	VVC	<input type="checkbox"/> Delete
NAME	MARQUEZ, GILBERT J	
STREET ADDRESS	1012 HADDONFIELD ROAD, SUITE 202	
CITY-ST-ZIP	CHERRY HILL NJ 08002-2748	
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 title empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**MARK S. PINKSTONE**

**4-27-00**

**800-332-8133**

CR2E034 (9/99)