

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 04, 2001 8:00 am
Secretary of State

06-04-2001 90007 009 ***158.75

0592577

DOCUMENT # F97000005561

1. Entity Name
FAIRMARK PROPERTIES, INC.

Principal Place of Business
**5510 MOREHOUSE DR., STE. 200
 SAN DIEGO CA 92121**

Mailing Address
**5510 MOREHOUSE DR., STE. 200
 SAN DIEGO CA 92121**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **33-0775354**

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

**CORPAMERICA, INC.
 1525 SOUTH ANDREWS AVENUE
 SUITE 216
 FT. LAUDERDALE FL 33316**

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.

(NO Registered Agent's 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 31, 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	D	<input type="checkbox"/> Delete
NAME	BOSLER, JAMES L	
STREET ADDRESS	2045 S. HWY. 360, STE. 250	
CITY-ST-ZIP	GRAND PRAIRIE TX 75050	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HASHIOKA, CHRISTOPHER E	
STREET ADDRESS	5510 MOREHOUSE DR., STE. 200	
CITY-ST-ZIP	SAN DIEGO CA 92121	
TITLE	D	<input type="checkbox"/> Delete
NAME	HENRY, JOHN	
STREET ADDRESS	1585 BROADWAY	
CITY-ST-ZIP	NEW YORK NY 10036	
TITLE	D	<input type="checkbox"/> Delete
NAME	FOSTER, MICHAEL	
STREET ADDRESS	1585 BROADWAY	
CITY-ST-ZIP	NEW YORK NY 10036	
TITLE	V	<input type="checkbox"/> Delete
NAME	JONES, GLENN D	
STREET ADDRESS	2045 S. HWY. 360, STE. 250	
CITY-ST-ZIP	GRAND PRAIRIE TX 75050	
TITLE	ST	<input type="checkbox"/> Delete
NAME	HRIBAR, JAMES A	
STREET ADDRESS	5510 MOREHOUSE DR., STE. 200	
CITY-ST-ZIP	SAN DIEGO CA 92121	

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

C0070992



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)