

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90122 005 ***150.00

2002 **FOR PROFIT CORPORATION**
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F98000003959**

1. Entity Name

PLAINVIEW TERMINAL COMPANY

030090

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5300 Broken Sound Blvd NW

Suite, Apt. #, etc.

3. Mailing Address

5300 Broken Sound Blvd NW

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Boca Raton, FL

City & State

Boca Raton, FL

4. FEI Number

75-2622280

Applied For

Not Applicable

Zip

33487

Country

USA

Zip

33487

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

CT Corporation System

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

1200 South Pine Island Road

City

Plantation

FL

Zip Code

33324

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO, Pres. Gary O. Marino 5300 Broken Sound Blvd., NW Boca Raton, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEVS Donald D. Redfearn 5300 Broken Sound Blvd., NW Boca Raton, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Marc Jacobowitz 5300 Broken Sound Blvd., NW Boca Raton, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Larry Bush 5300 Broken Sound Blvd., NW Boca Raton, FL 33487
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/02

561-994-6015

CR2E034B (12/01)