

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G04397

1. Entity Name

MARK EQUIPMENT CENTER OF SOUTH FLORIDA, INC.

FILED

Feb 02, 2000 8:00 am  
Secretary of State

02-02-2000 90110 044 \*\*\*150.00

Principal Place of Business

Mailing Address

612 S. GREENWOOD AVE.  
CLEARWATER FL 33756  
US

1300 G EL PASEO ROAD  
#225  
LAS CRUCES NM 88001-6024



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

612 S. GREENWOOD AVE.  
CLEARWATER FL 33756  
US

1300 G EL PASEO ROAD  
#225  
LAS CRUCES NM 88001-6024

City & State

City & State

CORAL GABLES FL

CORAL GABLES FL

4. FEI Number

59-2239203

Applied For

Not Applicable

Zip

Country

Zip

Country

33134 DAD

33134

USA

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

REGISTERED CORPORATE AGENTS, INC.  
612 S. GREENWOOD AVE.  
CLEARWATER FL 33756

Name: GREGG J. ORMOND P.A.  
Street Address (P.O. Box Number is Not Acceptable): 330 ALHAMBRA CIRCLE  
CITY: CORAL GABLES  
City: FL Zip Code: 33134

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: GREGG J. ORMOND

(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	P	<input type="checkbox"/> Delete
NAME	MOLONEY, EDWARD J	
STREET ADDRESS	1300 G EL PASES RD., #225	
CITY-ST-ZIP	LAS CRUCES NM 88001	
TITLE	VST	<input type="checkbox"/> Delete
NAME	MOLONEY, PATRICIA	
STREET ADDRESS	1300 G EL PASES RD., #225	
CITY-ST-ZIP	LAS CRUCES NM 88001	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Edward J Moloney Edward J Moloney 1-8-2000 561-707-0770  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)