

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H36711

1. Entity Name

MARK SCHWARTZ CONSTRUCTION MANAGEMENT, INC.

**FILED**  
**Mar 02, 2001 8:00 am**  
**Secretary of State**

03-02-2001 90022 042 \*\*\*150.00

Principal Place of Business

Mailing Address

10111 FOREST HILL BLVD  
STE 206  
WEST PALM BEACH FL 33414  
US

10111 FOREST HILL BLVD  
STE 206  
WEST PALM BEACH FL 33414  
US

2. Principal Place of Business

3. Mailing Address

13833 Wellington Trace

13833 Wellington Trace

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Unit E-4 Box 230

Unit E-4 Box 230

City & State

City & State

West Palm Beach FL

West Palm Beach FL

Zip

Country

33414

US

Zip

Country

33414

US



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2491617

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

SCHWARTZ, MARK B  
13666 EOTICA LANE  
WEST PALM BEACH FL 33414

EXOTICA

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 Mark B. Schwartz

*Mark Schwartz*

1/5/01

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 PS  
NAME SCHWARTZ, MARK B  
STREET ADDRESS 13666 EXOTICA LANE  
CITY-ST-ZIP WEST PALM BEACH FL 33414 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VPT  
NAME SCHWARTZ, MARGARET  
STREET ADDRESS 13666 EXOTICA LANE  
CITY-ST-ZIP WEST PALM BEACH FL 33414 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

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NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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 Schwartz*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/01

Date

Daytime Phone #

(561) 798-1164

CR2E034 (10/00)