

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J08651

1. Entity Name

CORMAK CORPORATION

FILED
Jan 24, 2001 8:00 am
Secretary of State

01-24-2001 90030 024 ***158.75

Principal Place of Business

11589 FIRST ST.
PALM BEACH GARDENS FL 33410

Mailing Address

11589 FIRST ST.
PALM BEACH GARDENS FL 33410

00008477



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

11589 FIR ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SAME

City & State

P.B.G. FLORIDA

City & State

4. FEI Number 59-2813403

Applied For

Not Applicable

Zip

33410

Country

USA

Zip

Country

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORIATY, LAILA
11589 FIRST STREET
PALM BEACH GARDENS FL 33410

7. Name and Address of New Registered Agent

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, 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

TITLE P
NAME CORIATY, LAILA
STREET ADDRESS 11589 FIRST STREET
CITY-ST-ZIP PALM BCH GARDENS FL 33410 ☐ Delete

TITLE VP
NAME MAKAR, AMIR
STREET ADDRESS 1 OLD FENCE ROAD
CITY-ST-ZIP PALM BCH GARDENS FL 33418 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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: LAILA CORIATY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-01

Date

561-622-8645

Daytime Phone #

CR2E034 (10/00)