

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J23678

1. Entity Name

EMARK ENTERPRISES, INC.

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90491 012 \*\*\*150.00

Principal Place of Business

1650 W OAKLAND PK BLVD  
 BAY M105A  
 FT. LAUDERDALE FL 33311  
 US

Mailing Address

PO BOX 100737  
 FT. LAUDERDALE FL 33310-0737

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

59-2695165

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

HIRSCHFIELD, SHEILA  
 110 E. HEMINGWAY CIR.  
 MARGATE FL 33063

Name

STANFORD HIRSCHFIELD

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

110 E. HEMINGWAY CIR.

City

MARGATE, FL.

FL

Zip Code

33063

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, 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	VPS	<input checked="" type="checkbox"/> Delete
NAME	HIRSCHFIELD, SHEILA	
STREET ADDRESS	110 E HEMINGWAY CIRCLE	
CITY-ST-ZIP	MARGATE FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	HIRSCHFIELD, SHEILA	
STREET ADDRESS	110 E. HEMINGWAY CIR.	
CITY-ST-ZIP	MARGATE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STANFORD HIRSCHFIELD	
STREET ADDRESS	110 E. HEMINGWAY CIRCLE	
CITY-ST-ZIP	MARGATE, FL. 33063	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STANFORD HIRSCHFIELD	
STREET ADDRESS	110 E. HEMINGWAY CIRCLE	
CITY-ST-ZIP	MARGATE, FL. 33063	
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		
STREET ADDRESS		
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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		
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:

STANFORD HIRSCHFIELD

Date

4/20/2000

Daytime Phone #

(954) 739-3894

CR2E034 (9/99)