

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **J84822**

1. Entity Name

**LE MARK, INC.**

**FILED**  
**Jul 24, 2000 8:00 am**  
**Secretary of State**

07-24-2000 90006 026 \*\*\*150.00

Principal Place of Business

**% MARK ALAN LEVINE**  
**2000 S. DIXIE HWY.. SUITE 102**  
**MIAMI FL 33133**

Mailing Address

**% MARK ALAN LEVINE**  
**2000 S. DIXIE HWY.. SUITE 102**  
**MIAMI FL 33133**

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 **58-1667099**

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

**LEVINE, MARK ALAN**  
**2000 SOUTH DIXIE HIGHWAY**  
**SUITE 102**  
**MIAMI FL-33133**

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 **D** ☐ Delete  
NAME **LEVINE, MARK ALAN**  
STREET ADDRESS **2000 S DIXIE HWY., #102**  
CITY-ST-ZIP **MIAMI FL**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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TITLE ☐ Change ☐ 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:

*Mark Alan Levine*  
**REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7-11-00**

Date

**(305)854-3300**

Daytime Phone #

TO: DIVISION OF CORPORATIONS

RE: LEMARK, INC  
J84822

TO WHOM IT MAY CONCERN:

I RECENTLY RECEIVED

THE "SECOND NOTICE" TO PAY

MY CORP DUES. HOWEVER I

NEVER RECEIVED A FIRST NOTICE.

I IMMEDIATELY CALLED ABOUT THIS

AND WAS TOLD TO SEND \$150.00 ALONG

WITH THIS NOTE. PLEASE CHECK AND YOU

WILL SEE THAT IN ALL THE YEARS I

HAVE ALWAYS PAID PROMPTLY.

THANK YOU FOR YOUR CONSIDERATION

IN THIS MATTER.

Mark LeVine  
for LeMark Inc.