

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 8:00 am
Secretary of State
 04-27-2001 90366 007 ***150.00

DOCUMENT # K42766

1. Entity Name
MILDRED C. MARINER, P.A.

Principal Place of Business
9000 SHERIDAN STREET
117
PEMBROKE PINES FL 33024
US

Mailing Address
9000 SHERIDAN STREET
#117
PEMBROKE PINES FL 33024
US

2. Principal Place of Business
2440 SW 105TH TERR
 Suite, Apt. #, etc.

3. Mailing Address
2440 SW 105TH TERR
 Suite, Apt. #, etc.

City & State
DAVIE FL

City & State
DAVIE FL

4. FEI Number **65-0118796**

Applied For
 Not Applicable

Zip **33314** Country **Broward**

Zip **33314** Country **Broward**

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

MARINER, MILDRED C.
9000 SHERIDAN ST
STE 117
PEMBROKE PINES FL 33024

Name **MILDRED C MARINER**
 Street Address (P.O. Box Number is Not Acceptable)
2440 SW 105TH TERRACE
 City **DAVIE** **FL** Zip Code **33314**

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 *Mildred C. Mariner*
 Signature, typed or printed name of registered agent and title if applicable.

4.23.01
 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 **D** ☐ Delete
 NAME **MARINER, MILDRED C.**
 STREET ADDRESS **9000 SHERIDAN ST STE 117**
 CITY-ST-ZIP **PEMBROKE PINES FL 33024**

TITLE **D** ☒ Change ☐ Addition
 NAME **MARINER, MILDRED C.**
 STREET ADDRESS **2440 SW 105TH TERRACE**
 CITY-ST-ZIP **DAVIE FL 33314**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: *Mildred C. Mariner*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.23.01
 Date

Daytime Phone #

CR2E034 (10/00)