

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K99112

1. Entity Name

PROMARK NEW BUSINESS CONSULTANTS, INC.

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90087 001 ***150.00

01-31-2001 90087 002 *****8.75

Principal Place of Business

10209 NW 7TH COURT
PLANTATION FL 33324
US

Mailing Address

10209 NW 7TH COURT
PLANTATION FL 33324
US

2. Principal Place of Business

13804 S.W. 40TH STREET
Suite, Apt. #, etc.

3. Mailing Address

13804 SW 40TH STREET
Suite, Apt. #, etc.

City & State

DAVIE, FL

City & State

DAVIE, FL

4. FEI Number

65-0155802

Applied For

Not Applicable

Zip

33330

Country

BROWARD

Zip

33330

Country

BROWARD

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARKS, BRUCE R.
10209 N.W. 7TH COURT
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

MARKS, BRUCE R.

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

13804 S.W. 40TH STREET

City

DAVIE

FL

Zip Code

33330

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

1-15-01

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	<input type="checkbox"/> Delete
NAME	MARKS, BRUCE R.	
STREET ADDRESS	10209 N.W. 7TH COURT	
CITY-ST-ZIP	PLANTATION FL	
TITLE		<input type="checkbox"/> Delete
NAME		
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		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARKS, BRUCE R.	
STREET ADDRESS	13804 S.W. 40TH STREET	
CITY-ST-ZIP	DAVIE, FL	
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		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-15-01 (954) 546-5820

CR2E034 (10/00)