

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L33534

1. Entity Name
MARVIN BAKALAR & ASSOCIATES, INC.

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90192 003 ***150.00

Principal Place of Business
3111 UNIVERSITY DRIVE
SUITE 605
CORAL SPRINGS FL 33065
US

Mailing Address
3111 UNIVERSITY DRIVE
SUITE 605
CORAL SPRINGS FL 33065
US

2. Principal Place of Business

12734 NW 18th Ct
Suite, Apt. #, etc.

3. Mailing Address

12734 NW 18th Ct
Suite, Apt. #, etc.

City & State

Coral Springs FL

City & State

Coral Springs FL

Zip
33071

Country
USA

Zip
33071

Country
USA

4. FEI Number 65-0158048

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BAKALAR, MARVIN
3111 UNIVERSITY DRIVE
SUITE 605
CORAL SPRINGS FL 33065

7. Name and Address of New Registered Agent

Name Marvin Bakalar
Street Address (P.O. Box Number Is Not Acceptable)
12734 NW 18th Ct
City Coral Springs FL Zip Code 33071

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 *Marvin Bakalar*

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	PRFS BAKALAR, MARVIN 12734 NW 18TH COURT CORAL SPRINGS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V. PRFS Bianca Bakalar 12734 NW 18th COURT CORAL SPRINGS FL 33071	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Marvin Bakalar
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/18/02 954-346-7700

CR2E034 (9/01)