

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L47501

1. Entity Name

MARK ROLNICK, INC.

Principal Place of Business

7300 W MCNAB RD
#214
TAMARAC FL 33321
US

Mailing Address

10002 NW 60 CT.
PARKLAND FL 33076-2555

2. Principal Place of Business

10002 N.W. 60 Ct

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Parkland, FL

Zip

Country

33076

US

City & State

Zip

Country

4. FEI Number

65-0171510

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

ROLNICK, JULIE
1002 NW 60TH CT
PARKLAND FL 33076

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 \$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	DPT	<input type="checkbox"/> Delete
NAME	ROLNICK, MARK	
STREET ADDRESS	10002 N.W. 60TH COURT	
CITY-ST-ZIP	PARKLAND FL	
TITLE	DVS	<input type="checkbox"/> Delete
NAME	ROLNICK, JULIE	
STREET ADDRESS	10002 N.W. 60TH COURT	
CITY-ST-ZIP	PARKLAND FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90005 014 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)