

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90014 048 ***150.00

DOCUMENT # L57529

1. Entity Name

MARKROB ACCOUNTING SERVICES INC.

Principal Place of Business

**210 UNIVERSITY DR
SUITE 502
CORAL SPRINGS FL 33071
US**

Mailing Address

**P O BOX 771210
CORAL SPRINGS FL 33077-1210
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

3000 N UNIVERSITY DR

Suite, Apt. #, etc.

City & State

SUITE E

**CORAL SPRINGS
FL 33065**

Country

USA

Zip

Country

4. FEI Number **65-0177140**

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

**HERNANDEZ, DAVID
210 UNIVERSITY DR #502
CORAL SPRINGS FL 33071**

Name

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

**3000 N UNIVERSITY DR
SUITE E**

City

CORAL SPRINGS

FL

Zip Code

33065

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, 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 **P** ☐ Delete
NAME **HERNANDEZ, DAVID**
STREET ADDRESS **210 UNIVERSITY DR #502**
CITY-ST-ZIP **CORAL SPRINGS FL**

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS **3000 N UNIVERSITY DR SUITE E**
CITY-ST-ZIP **CORAL SPRINGS, FL 33065**

TITLE **T** ☒ Delete
NAME **LOWELL, ROBERT**
STREET ADDRESS **210 UNIVERSITY DRIVE #502**
CITY-ST-ZIP **CORAL SPRINGS FL**

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

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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

DAVID HERNANDEZ, PRES.

1/15/01

Date

954-346-7288

Daytime Phone #

CR2E034 (10/00)