

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 13, 2004 8:00 am
Secretary of State

04-13-2004 90010 005 ***150.00

DOCUMENT # *M42291*

1. Entity Name

PRO MARK SALES II, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3600 N.E. 24 AVENUE

Suite, Apt. #, etc.

3. Mailing Address

3600 N.E. 24 AVENUE

Suite, Apt. #, etc.

54032296

DO NOT WRITE IN THIS SPACE

City & State

FT. LAUDERDALE, FL

City & State

FT. LAUDERDALE FL

4. FEI Number

59-2742235

Applied For
Not Applicable

Zip

33308

Country

USA

Zip

33308

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name *GLASER, ALLAN*

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

11900 BISCAYNE BOULEVARD

BISCAYNE CENTRE STE 807

City *MIAMI*

FL

Zip Code

33181

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	<i>PVT</i>
NAME	<i>ZAWADZKI, PAUL</i>
STREET ADDRESS	<i>3600 NE 24 AVENUE</i>
CITY-ST-ZIP	<i>FT. LAUDERDALE, FL 33308</i>
TITLE	<i>SA</i>
NAME	<i>ZAWADZKI, PAUL</i>
STREET ADDRESS	<i>3600 NW 24 AVENUE</i>
CITY-ST-ZIP	<i>FT. LAUDERDALE, FL 33308</i>
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IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Paul J Zawadzki*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)