

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M51247

1. Entity Name

THE DEN MARCK AGENCY INC.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90041 026 ***150.00

Principal Place of Business

3353 NW 154 TERR
OPA LOCKA FL 33054
US

Mailing Address

P O BOX 541624
OPA LOCKA FL 33054
US

106410



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2798221

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MCHAN, DENNIS EDWARD
2216 MORGAN RD
ZOLFO SPRINGS FL 33890

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 re-issuing)

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 MCHAN, DENNIS EDWARD
STREET ADDRESS 2216 MORGAN RD
CITY-ST-ZIP ZOLFO SPRINGS FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 3353 NW 154 TERRACE
CITY-ST-ZIP OPA LOCKA FL 33054

TITLE ST ☐ Delete
NAME MCHAN, JACQUELINE P.
STREET ADDRESS 2216 MORGAN RD
CITY-ST-ZIP ZOLFO SPRINGS FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 3353 NW 154 TERRACE
CITY-ST-ZIP OPA LOCKA FL 33054

TITLE D ☐ Delete
NAME MCHAN, ANDREA D.
STREET ADDRESS 3353 NW 154 TERR
CITY-ST-ZIP OPA LOCKA FL 33054

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

TITLE D ☐ Delete
NAME CLARK, J.R.
STREET ADDRESS 3353 NW 153 TERR
CITY-ST-ZIP OPA LOCKA FL 33054

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 3353 NW 154 TERRACE
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Dennis E McHan DENNISE MCHAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/01 305-525-9091
Date Daytime Phone #

0121391

CR2E034 (10/00)