

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Sep 16, 2002 8:00 am
Secretary of State

09-16-2002 90092 022 ****70.00

DOCUMENT # N01000003519

1. Entity Name

THE INVERSAL MARCUS INSTITRUTH, INC.

Principal Place of Business

Mailing Address

**2864 NW 9 COURT
FT LAUDERDALE FL 33311**

**P O BOX 15643
MIAMI FL 33101-5643**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1127909

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

**RICKETTS, DONALD
2864 NW 9 COURT
FT LAUDERDALE FL 33311**

Name

N/A

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

N/A

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **RICKETTS, DONALD**
STREET ADDRESS **2864 NW 9 COURT**
CITY-ST-ZIP **FT LAUDERDALE FL 33311**

TITLE **D** ☐ Change ☒ Addition
NAME **ALTINE KATHY BEESE**
STREET ADDRESS **6308 NW 19 AVE**
CITY-ST-ZIP **MIAMI FL 33147**

TITLE **D** ☐ Delete
NAME **WILLIAMS, LESLIE**
STREET ADDRESS **17204 NW 49 PLACE**
CITY-ST-ZIP **MIAMI FL 33055**

TITLE **D** ☐ Change ☒ Addition
NAME **ROCKA MALIK**
STREET ADDRESS **11371 SW 176 STREET**
CITY-ST-ZIP **MIAMI FL 33157**

TITLE **D** ☒ Delete
NAME **ALEXANDER, LEARY**
STREET ADDRESS **417 NW 15 AVENUE #3**
CITY-ST-ZIP **FT. LAUDERDALE FL 33311**

TITLE **D** ☐ Change ☒ Addition
NAME **ANDREW RICKETTS**
STREET ADDRESS **1500 REMSON AVE**
CITY-ST-ZIP **BROOKLYN NY 11236**

TITLE **D** ☐ Delete
NAME **RICKETTS, MARC**
STREET ADDRESS **2864 NW 9 COURT**
CITY-ST-ZIP **FT LAUDERDALE FL 33311**

TITLE **D** ☐ Change ☒ Addition
NAME **KEMEAL MCKENZIE**
STREET ADDRESS **1841 ADAMS STREET**
CITY-ST-ZIP **HOLLYWOOD FL 33020**

TITLE **D** ☐ Delete
NAME **DONOVAN, DEBORAH**
STREET ADDRESS **7990 NW 96 TERRACE, #208**
CITY-ST-ZIP **TAMARAC FL 33321**

TITLE **D** ☐ Change ☒ Addition
NAME **ASHBOURNE CLARKE**
STREET ADDRESS **3701 NW 19 STREET**
CITY-ST-ZIP **COCONUT CREEK FL 33066**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
NAME **RICQUE ENNIS**
STREET ADDRESS **2900 NW 48 TERRACE**
CITY-ST-ZIP **LAUDERDALE LAKES FL 33313**

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

RICKETTS, DONALD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/13/02 (954) 720 6940

Date

Daytime Phone #

CR2E037 (9/01)