

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 08, 2001 8:00 am**  
**Secretary of State**

06-08-2001 90011 001 \*1,650.00

**DOCUMENT # P00000074641**

1. Entity Name  
**1809 MARK, INC.**

- 48331



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**1500 SAN REMO AVENUE  
 SUITE 177  
 CORAL GABLES FL 33146**

Mailing Address  
**1500 SAN REMO AVENUE  
 SUITE 177  
 CORAL GABLES FL 33146**

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

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

**BARED, PABLO R ESQ.  
 1500 SAN REMO AVENUE  
 SUITE 177  
 CORAL GABLES FL 33146**

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!!  
 After MAY 1, 2001  
 Make Check Payable to**

**FEE IS \$150.00  
 Fee will be \$550.00  
 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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>JORDAN, ALBERTO</b>	
STREET ADDRESS	<b>1500 SAN REMO AVENUE SUITE 177</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL 33146</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>JORDAN, GUILLERMO</b>	
STREET ADDRESS	<b>1500 SAN REMO AVENUE SUITE 177</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL 33146</b>	
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

I 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

**Alberto Jordan (D) 6/1/2001 66666600**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)