

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 17, 2001 8:00 am
Secretary of State

08-15-2001 90004 005 ***150.00

DOCUMENT # P00000091186

1. Entity Name
MARK FABRIZIO, INC.

Principal Place of Business
4370 SW 24 STREET
FT LAUDERALE FL 33317

Mailing Address
4370 SW 24 STREET
FT LAUDERALE FL 33317

78292



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4370 SW 24 ST
 Suite, Apt. #, etc.

3. Mailing Address
4370 SW 24 ST
 Suite, Apt. #, etc.

City & State
FT. LAUDERDALE FL
 Zip
33317 Country
US

City & State
PORT LAUDERDALE FL
 Zip
33317 Country
US

4. FEI Number
15-1628705 Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
FABRIZIO, MARK
4370 SW 24 STREET
FT LAUDERALE FL 33317

7. Name and Address of New Registered Agent
 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!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
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

TITLE
PRESIDENT ☐ Delete
 NAME
MARK FABRIZIO
 STREET ADDRESS
4370 SW 24 ST
 CITY-ST-ZIP
FT LAUD. FL 33317 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
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 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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 Required
MARK FABRIZIO

8-7-01 **(954) 327-2562**

Date

Daytime Phone #

CR2E034 (5/01)

Attachment
DH# P00000091186

78292

8-7-01

To Whom It May Concern:

Delayed cash check
for \$150.00. I received
this report approximately
3-4 weeks ago. It was
forwarded to see from
another being down
the street that has been
vacant for about 6
months. Therefore I feel
I should not have to pay
the late fee. Thank you.

Sincerely,
Mark P. Pappas