

# 2001 UNIFORM BUSINESS REPORT (UBR)

5/10

**FILED**  
**Jun 21, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90016 027 \*\*\*150.00

**DOCUMENT # P00000096418**

1. Entity Name  
**MARCO ENTERTAINMENT, INC.**

*(CA)*

Principal Place of Business  
**14700 BOOKER T. WASHINGTON BLVD.  
 ROOM 101  
 MIAMI FL 33176**

Mailing Address  
**14700 BOOKER T. WASHINGTON BLVD.  
 ROOM 101  
 MIAMI FL 33176**

**49415**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**9507 SW 160 ST  
 Suite, Apt. #, etc.  
 #245**

3. Mailing Address  
**9507 SW 160 ST  
 Suite, Apt. #, etc.  
 #245**

City & State  
**Miami, FL**  
 Zip  
**33157**  
 Country  
**USA**

City & State  
**Miami, FL**  
 Zip  
**33157**  
 Country  
**USA**

4. FEI Number  
**65-1045746**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**JOSELYN AUDREY AUDREY  
 15860 S W 102ND COURT  
 MIAMI FL 33157**

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 *Colleen K Anderson*

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 \$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

TITLE **P**  
 NAME **ANDERSON, COLLEEN K** ☐ Delete  
 STREET ADDRESS **14700 BOOKER T. WASHINGTON BLVD., R. 101**  
 CITY-ST-ZIP **MIAMI FL 33176**

TITLE **V**  
 NAME **GONZALEZ, PATRICIA** ☒ Delete  
 STREET ADDRESS **14700 BOOKER T. WASHINGTON BLVD., R. 101**  
 CITY-ST-ZIP **MIAMI FL 33176**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 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 **P**  
 NAME **Colleen K Anderson** ☒ Change ☐ Addition  
 STREET ADDRESS **13827 SW 90th Ave #5-101 (Address)**  
 CITY-ST-ZIP **Miami, FL 33176**

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: *Colleen K Anderson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Colleen Anderson* 2/13/01 (305) 234-6191

Del Daytime Phone

CR2E034 (10/00)