

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2002 8:00 am**  
**Secretary of State**

0329035 AV

**DOCUMENT # P01000065191**

1. Entity Name

**FLORIDA LANDMARK PROPERTIES, INC.**

04-17-2002 90054 021 \*\*\*150.00

Principal Place of Business

**8400 N UNIVERSITY DR. SUITE #312  
TAMARAC FL 33321**

Mailing Address

**8400 N UNIVERSITY DR. SUITE #312  
TAMARAC FL 33321**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**8400 N University Dr.**

3. Mailing Address

**8400 N University Dr.**

Suite, Apt. #, etc.

**Suite 312**

Suite, Apt. #, etc.

**Suite 312**

City & State

**TAMARAC FL**

City & State

**TAMARAC FL**

4. FEI Number

**65-1117091**

Applied For

☐ Not Applicable

Zip

**33321**

Country

**USA**

Zip

**33321**

Country

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

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.**

**1840 SW 22 ST, 4TH FLOOR**

**MIAMI FL 33145**

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 \$150.00  
After May 1, 2002 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 ☐ Delete  
NAME **PSTD**  
STREET ADDRESS **IVANOVA, ILIANA**  
CITY-ST-ZIP **8400 N UNIVERSITY DR, SUITE #312  
TAMARAC FL 33321**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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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:

*Ilana Ivanova*

**3-14-02**

**954-597-8401**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)