

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 14, 2002 8:00 am
Secretary of State

DOCUMENT # **P010000078614**

1. Entity Name

Mark Holdings of Florida, Inc

05-14-2002 90275 001 ***150.00

DO NOT WRITE IN THIS SPACE

656650

2. Principal Place of Business

601 Brickell Key Dr.
Suite, Apt. #, etc. **Ste. 802**

3. Mailing Address

601 Brickell Key Dr.
Suite, Apt. #, etc. **802**

City & State

Miami, FL.

City & State

Miami, FL.

Zip

33131

Country

U.S.A.

Zip

33131

Country

U.S.A.

4. FEI Number -

105-1129376

☒ Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Gerardo A. Vazquez

Street Address (P.O. Box Number is Not Acceptable)

601 Brickell Key Drive

Ste 802

City

Miami

FL

Zip Code

33131

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) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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**
NAME **Deise Cristiani C.**
STREET ADDRESS **P.O. Box 025216 S.J.O. 337**
CITY-ST-ZIP **Miami, FL 33102-5216**

TITLE **Director**
NAME **Yean-Paul Cristiani**
STREET ADDRESS **P.O. Box 025216 S.J.O. 337**
CITY-ST-ZIP **Miami, FL 33102-5216**

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

SIGNATURE:

Cristiani C.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/2002

Date

Daytime Phone #