

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2003 8:00 am
Secretary of State

02-27-2003 90157 045 ***150.00

DOCUMENT # P01000095284

1. Entity Name
MARC HEYMAN P.A.



Principal Place of Business
7186 PROMENADE DR C402
BOCA RATON FL 33433

Mailing Address
7186 PROMENADE DR C402
BOCA RATON FL 33433

2. Principal Place of Business
6420 Boca Del Mar Dr
Suite, Apt. #, etc.
Boca Raton FL
City & State

3. Mailing Address
6420 Boca Del Mar Dr
Suite, Apt. #, etc.
#601
City & State
Boca Raton FL



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1147926
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
HEYMAN, MARC
3186 PROMENADE DR C402
BOCA RATON FL 33433

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/24/03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST HEYMAN, MARC 7186 PROMENADE DR C402 BOCA RATON FL 33433	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *[Signature]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/03 **561-620-0954**
Date Daytime Phone #

CR2E034 (10/02)