

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000024048

1. Entity Name

MARSHA G. MADORSKY, P.A.

**FILED**  
**Mar 05, 2001 8:00 am**  
**Secretary of State**

03-05-2001 90004 046 \*\*\*150.00

Principal Place of Business 2665 SOUTH BAYSHORE DRIVE STE. 603 MIAMI FL 33133	Mailing Address 2000 S BAYSHORE DRIVE APT 41 MIAMI FL 33133 US
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2. Principal Place of Business 100 SE Second Street Suite, Apt. #, etc. Suite 4000 City & State Miami, Florida Zip 33131 Country USA	3. Mailing Address 100 SE Second Street Suite, Apt. #, etc. Suite 4000 City & State Miami, Florida Zip 33131 Country USA
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DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0505136	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MADORSKY, MARSHA G 2665 SOUTH BAYSHORE DRIVE STE. 603 MIAMI FL 33133	7. Name and Address of New Registered Agent Name Marsha G. Madorsky Street Address (P.O. Box Number is Not Acceptable) 100 SE Second Street Suite 4000 City Miami, FL Zip Code 33131
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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

2-22-01

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MADORSKY, MARSHA G 2000 S BAYSHORE DRIVE #41 MIAMI FL 33133 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OFFICER

2-28-01

Date

305-530-0050

Daytime Phone #

CR2E03 (10/00)