

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000007619

1. Entity Name

MARTIN ANDER INC.

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90167 013 ***150.00

Principal Place of Business

Mailing Address

6020 NORTH FEDERAL HIGHWAY #4
BOCA RATON FL 33487

6020 NORTH FEDERAL HIGHWAY #4
BOCA RATON FL 33487-3926

2. Principal Place of Business

3. Mailing Address

503 1ST AVE SOUTH

503 1ST AVE SOUTH

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAKEWORTH FL

City & State

LAKEWORTH FL

4. FEI Number

65-0464406

Applied For

Not Applicable

Zip

33460

Country

PALM BEACH

Zip

33460

Country

PALM BEACH

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ANDER, MARTIN
6020 N FEDERAL HWY
#4
BOCA RATON FL 33487

Name

MARTIN ANDER

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

503 1ST AVE SOUTH

City

LAKEWORTH

FL

Zip Code

33460

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

Martin And MARTIN ANDER PRESIDENT

April 7 2000

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, 2000 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 P
NAME ANDER, MARTIN ☒ Delete
STREET ADDRESS 6020 N FEDERAL HWY #4
CITY-ST-ZIP BOCA RATON FL 33487

TITLE P
NAME MARTIN ANDER ☒ Change ☐ Addition
STREET ADDRESS 503 1ST AVE SOUTH
CITY-ST-ZIP LAKEWORTH FL 33460

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

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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:

Martin And MARTIN ANDER PRESIDENT April 7 2000 (561) 995-8667

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)