

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 17, 2000 8:00 am**  
**Secretary of State**

07-17-2000 90078 035 \*\*\*550.00

**DOCUMENT # P94000013619**

1. Entity Name  
**1555 TYLER CORP.**

Principal Place of Business  
**1100 N. E. FIRST COURT  
 HALLANDALE FL 33009**

Mailing Address  
**1100 N. E. FIRST COURT  
 HALLANDALE FL 33009**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0493354**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**MARKS, JOSEPH  
 1100 N. E. FIRST COURT  
 HALLANDALE FL 33009**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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

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TITLE	NAME	TITLE	NAME
	<b>D</b> <b>MARKS, JOSEPH</b> <b>1100 N. E. FIRST COURT</b> <b>HALLANDALE FL 33009</b>		
	<b>D</b> <b>GOOD, HELEN</b> <b>3240 S. W. 117 AVENUE</b> <b>DAVIE FL 33330</b>		

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: JOSEPH MARKS **7/11/2000** **954 456 5010**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #