

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000041973

Entity Name
MASTER MARK ENTERPRISES, INC.

FILED
Mar 07, 2000 8:00 am
Secretary of State
03-07-2000 90089 046 ***150.00

Principal Place of Business	Mailing Address
NW 16TH ST O EBAHC FL 33069	2000 NW 16TH ST POMPANO EBAHC FL 33069-1629 US

Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
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Zip	Country	Zip	Country
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6. Name and Address of Current Registered Agent

BIEDERMAN, SHERVIN
2000 NW 16TH ST
POMPANO BEACH FL 33061

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code



DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

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

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
0 BIEDERMAN, SHERVIN		NAME	
2000 NW 16TH ST		STREET ADDRESS	
POMPANO BEACH FL		CITY-ST-ZIP	
	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		NAME	PRESIDENT
		STREET ADDRESS	LISE BIEDERMAN
		CITY-ST-ZIP	2000 NW 16TH ST
	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		NAME	VP
		STREET ADDRESS	SCOTT BIEDERMAN
		CITY-ST-ZIP	2000 NW 16TH ST
	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		NAME	MARCIA KOENIG
		STREET ADDRESS	2000 NW 16TH ST
		CITY-ST-ZIP	POMPANO Bch, FL 33069
	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		NAME	
		STREET ADDRESS	
		CITY-ST-ZIP	
	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		NAME	
		STREET ADDRESS	
		CITY-ST-ZIP	

3. 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: _____ Date: 3-3-00 Daytime Phone #: 954-984-0100

CR2E034 (9/99)