

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000067424

1. Entity Name

MARDER & ASSOCIATES INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90211 040 ***150.00

Principal Place of Business

11041 BLUE CORAL DR
BOCA RATON FL 33498
US

Mailing Address

11041 BLUE CORAL DR
BOCA RATON FL 33498
US

2. Principal Place of Business

21000 BOCA RIO RD

Suite, Apt. #, etc.

SUITE A13

City & State

BOCA RATON FL

Zip

33433

Country

USA

3. Mailing Address

21000 BOCA RIO RD

Suite, Apt. #, etc.

SUITE A13

City & State

BOCA RATON FL

Zip

33433

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0525583

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARDER, DAVID S.
11041 BLUE CORAL DR
BOCA RATON FL 33498

7. Name and Address of New Registered Agent

Name

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

21000 BOCA RIO RD SUITE A13

City

BOCA RATON

FL

Zip Code

33433

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

David Marder
Signature, typed or printed name of registered agent and title if applicable.

DAVID MARDER

(NOTE: Registered Agent signature required when re-instating)

4/17/01
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, 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

TITLE	DVT	<input type="checkbox"/> Delete
NAME	MARDER, DAVID	
STREET ADDRESS	11041 BLUE CORAL DRIVE	
CITY-ST-ZIP	BOCA RATON FL 33498	
TITLE	DPS	<input type="checkbox"/> Delete
NAME	MARDER, SHERRY	
STREET ADDRESS	11041 BLUE CORAL DR	
CITY-ST-ZIP	BOCA RATON FL 33498	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

David Marder
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID MARDER

4/17/01
Date

561-852-0646
Daytime Phone #

CR2E034 (10/00)