

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000094311

1. Entity Name

MARC ELLIOT AND THE SUPER STAR DJ'S, INC.

FILED
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90032 034 ***150.00

Principal Place of Business

Mailing Address

SOUTH FLORIDA
 1015 INGRAHAM AVE. STE 3
 DELRAY BCH FL 33483
 US

1015 INGRAHAM AVE.
 STE 3
 DELRAY BEACH FL 33483-6823
 US

2. Principal Place of Business

3. Mailing Address

3009 NW 27TH TERR.
 Suite, Apt. #, etc.

777 E. ATLANTIC AVE.
 Suite, Apt. #, etc.

City & State

City & State

BOCA RATON, FL

DELRAY BEACH, FL

Zip
 33434

Country
 USA

Zip
 33483

Country
 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0549025

Applied For

Not Applicable

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

HOCHMAN, MARC E
 1015 INGRAHAM AVE.
 STE 3
 DELRAY BEACH FL 33483

Name

MARC E. HOCHMAN

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

3009 NW 27TH TERR.

City

BOCA RATON

FL

Zip Code

33434

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

3/6/00

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 ☒ Delete
 NAME HOCHMAN, MARC
 STREET ADDRESS 1015 INGRAHAM AVE. STE 3
 CITY-ST-ZIP DELRAY BEACH FL

TITLE P ☒ Change ☐ Addition
 NAME MARC HOCHMAN
 STREET ADDRESS 3009 NW 27TH TERR
 CITY-ST-ZIP BOCA RATON, FL 33434

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MARC HOCHMAN 3/6/00 504-477-5904

CR20034 (3/99)