

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000013842

1. Entity Name
AVERILL G. MARCUS, P.A.

FILED
Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90012 015 ***150.00

Principal Place of Business
TWO DATRAN CENTER - PENTHOUSE ONE
9130 SOUTH DADELAND BOULEVARD
MIAMI FL 33156

Mailing Address
TWO DATRAN CENTER - PENTHOUSE ONE
9130 SOUTH DADELAND BOULEVARD
MIAMI FL 33156

741850



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
same as above
Suite, Apt. #, etc.
Penthouse One A
City & State

3. Mailing Address
same as above
Suite, Apt. #, etc.
Penthouse One A
City & State

4. FEI Number 65-0550343
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MARCUS, AVERILL G
9130 S. DADELAND BLVD PH-1A
MIAMI FL 33152

7. Name and Address of New Registered Agent
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 _____
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, 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MARCUS, AVERILL G 9130 DADELAND BLVD-PH 1-A MIAMI FL 33156	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MARCUS, GERALDINE 9130 S. DADELAND BLVD OH 1-A MIAMI FL 33156	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Averill G. Marcus 4/11/01 305-670-5999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)