

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000039964

1. Entity Name
MARC USA/MIAMI INC.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90047 017 ***150.00

Principal Place of Business
1320 S DIXIE HWY
STE 385
CORAL GABLES FL 33146
US

Mailing Address
C/O MARC ADVERTISING
FOUR STATION SQ. STE 500
PITTSBURGH PA 15219
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip
Country

3. Mailing Address
C/O MARC USA
Suite, Apt. #, etc. 1600 DOMINION TOWER
625 LIBERTY AVENUE
City & State
PITTSBURGH, PA
Zip
15222-3113
Country
USA

4. FEI Number 65-0583560
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
GOLDMAN, MATT D
1450 MADRUGA AVE
SUITE 203
CORAL GABLES FL 33146

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
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's 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	P CONTORAKAS, EVAN 1320 S DIXIE HWY, SUITE 285 CORAL GABLES FL <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	ST ZOLOT, STUART FOUR STATION SQ SUITE 500 PITTSBURGH PA <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	<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:

Stuart M Zolot
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/2001 471-1090
Date Daytime Phone #

CR2E034 (10/00)