

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000088716

1. Entity Name

MARS, INC.

FILED
Feb 02, 2000 8:00 am
Secretary of State

02-02-2000 90031 034 ***150.00

Principal Place of Business

5300 N. POWERLINE RD.
FT. LAUDERDALE FL 33309
US

Mailing Address

5300 N. POWERLINE RD.
FT. LAUDERDALE FL 33309-3172
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0623934

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

ZOBEL, ROBERT
5300 N. POWERLINE RD.
FT. LAUDERDALE FL 33309

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]

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, 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

TITLE **P** ☐ Delete
NAME **BEGELMAN, MARK**
STREET ADDRESS **5300 N. POWERLINE RD.**
CITY-ST-ZIP **FT. LAUDERDALE FL 33309**

TITLE **D** ☐ Delete
NAME **KNOX, ROBERT**
STREET ADDRESS **SUITE 1100 717 FIFTH AVE.**
CITY-ST-ZIP **NEW YORK NY 10022**

TITLE **D** ☒ Delete
NAME **JONES, DEREK**
STREET ADDRESS **SUITE 1100 717 FIFTH AVE.**
CITY-ST-ZIP **NEW YORK NY 10022**

TITLE **D** ☐ Delete
NAME **COHEN, CYNTHIA**
STREET ADDRESS **1001 BRICKELL BAY DR**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE **VP** ☐ Delete
NAME **ZOBEL, ROBERT**
STREET ADDRESS **5300 N POWERLINE RD**
CITY-ST-ZIP **FT LAUDERDALE FL 33309**

TITLE **D** ☐ Delete
NAME **~~CISTARON, WES~~**
STREET ADDRESS **2121 AVE OF THE STARS**
CITY-ST-ZIP **LA CA 90067**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☒ Addition
NAME **Director Bobby Stein**
STREET ADDRESS **Suite 3120 One Independent Drive**
CITY-ST-ZIP **Jacksonville FL 32202**

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

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

TITLE ☒ Change ☐ Addition
NAME **Stephen Dietz**
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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] 2/2/2000 954-938 0526
Date Daytime Phone #

CR2E034 (9/99)