

2002 UNIFORM BUSINESS REPORT (UBR)

5/16/2002-90026-050-\$150.00-\$150.00

DOCUMENT # P95000088716

1. Entity Name
MARS, INC.

Principal Place of Business
5300 N. POWERLINE RD.
FT. LAUDERDALE FL 33309
US

Mailing Address
~~678 ROBERT ZOBEL~~
5300 N POWERLINE ROAD
FT. LAUDERDALE FL 33309
US

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
C/O Michael Yackira
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

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

7. Name and Address of New Registered Agent

Name *Michael Yackira*
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 5/31/02

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, 2002 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	<input type="checkbox"/> Delete
NAME	BEGELMAN, MARK	
STREET ADDRESS	5300 N. POWERLINE RD.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	
TITLE	D	<input type="checkbox"/> Delete
NAME	KNOX, ROBERT	
STREET ADDRESS	SUITE 1100 717 FIFTH AVE.	
CITY-ST-ZIP	NEW YORK NY 10022	
TITLE	D	<input type="checkbox"/> Delete
NAME	STEIN, BOBBY	
STREET ADDRESS	ONE INDEPENDENT DR.	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE	D	<input type="checkbox"/> Delete
NAME	COHEN, CYNTHIA	
STREET ADDRESS	1001 BRICKELL BAY DR	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ZOBEL, ROBERT	
STREET ADDRESS	5300 N POWERLINE RD	
CITY-ST-ZIP	FT LAUDERDALE FL 33309	
TITLE	D	<input type="checkbox"/> Delete
NAME	DIETZ, STEPHEN	
STREET ADDRESS	2121 AVE OF THE STARS	
CITY-ST-ZIP	LA CA 90067	

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

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/02
Date

84615122
Daytime Phone #

CR2E034 (9/01)