

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 16, 2001 8:00 am**  
**Secretary of State**

04-16-2001 90251 003 \*\*\*150.00

**DOCUMENT # P96000006794****1. Entity Name****MARCUS & ASSOCIATES, INC.****Principal Place of Business**1440 JFK CAUSEWAY #301  
NORTH BAY VILLAGE FL 33141**Mailing Address**1440 JFK CAUSEWAY #301  
NORTH BAY VILLAGE FL 33141**2. Principal Place of Business**

1050 93RD STREET

Suite, Apt. #, etc.

PH 7G

**3. Mailing Address**

1050 93RD STREET

Suite, Apt. #, etc.

PH 7G



DO NOT WRITE IN THIS SPACE

**City & State**

BAY HARBOR ISLANDS, FL

**Zip**

33154

**Country**

USA

**City & State**

BAY HARBOR ISLANDS, FL

**Zip**

33154

**Country**

USA

**4. FEI Number**

65-0635832

**Applied For**

Not Applicable

**5. Certificate of Status Desired****\$8.75 Additional  
Fee Required****6. Name and Address of Current Registered Agent**MARCUS, PAUL  
1050 93 ST PH 76  
BOX #159  
BAY HARBOR ISLANDS FL 33154**7. Name and Address of New Registered Agent****Name**

PAUL MARCUS

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

1050 93RD STREET

PH 7G

**City**

BAY HARBOR ISLANDS

**FL****Zip Code**

33154

**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** PAUL MARCUS PSD

Signature, typed or printed name of registered agent and title if applicable.

Paul Marcus

(NOTE: Registered Agent signature required when reinstating)

4/10/01

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**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	PSD			
	MARCUS, PAUL	1050 93 ST PH 76	BAY HARBOR FL	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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"/> Change	<input type="checkbox"/> Addition

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"/> Change	<input type="checkbox"/> Addition

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"/> Change	<input type="checkbox"/> Addition

**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:**Paul Marcus

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-01  
Date305-864-3524  
Daytime Phone #

CR2E034 (10/00)

**MARCUS & ASSOCIATES, INC.**  
**1050 93 STREET, #7G**  
**BAY HARBOR, FL 33154**

Document #  
P96000006794

530399

April 11, 2001

Division of Corporations  
Uniform Business Report Filings  
P.O Box 1500  
Tallahassee, FL 32302-1500

Re: 2001 Uniform Business Report

Gentlemen:

Enclosed herewith is our completed Report form along with our check for \$150.00 payable to Department of State.

Kindly acknowledge receipt of this Report and check by signing and returning a copy of this letter in the envelope provided.

Very truly yours,



PAUL MARCUS  
President

Document#  
P96000006794

**MARCUS & ASSOCIATES, INC.**  
**1050 93 STREET, #7G**  
**BAY HARBOR, FL 33154**

530399

April 11, 2001

Division of Corporations  
-Uniform Business Report Filings  
P O Box 1500  
Tallahassee, FL 32302-1500

Re: 2001 Uniform Business Report

Gentlemen:

Enclosed herewith is our completed Report form along with our check for \$150.00 payable to Department of State.

Kindly acknowledge receipt of this Report and check by signing and returning a copy of this letter in the envelope provided.

Very truly yours,



**PAUL MARCUS**  
President