

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000044438

1. Entity Name

MURBAR CORP.

FILED
Aug 08, 2000 8:00 am
Secretary of State

08-08-2000 90089 042 ***550.00

Principal Place of Business

Mailing Address

3674 TOULOUSE DR.
PALM BEACH GARDENS FL 33410
US

P.O. BOX 1108
GREENSBORO NC 27402-1108
US

2. Principal Place of Business

3. Mailing Address

10271 HERON WOOD LANE

40 U S TRUST CO OF NC

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P O Box 30968

P O Box 26262

City & State

City & State

PALM BEACH GARDENS FL

GREENSBORO NC

Zip

Country

Zip

Country

33412

USA

27420

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TARKOE, CLINTON M
307 N.E. 1ST STREET
POMPANO BEACH FL 33060-6607

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

D. Kenneth Dimock, Sec. Treas.

8/2/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	FISHMAN, MAURICE	
STREET ADDRESS	3674 TOULOUSE DR	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	FISHMAN, BARBARA	
STREET ADDRESS	3674 TOULOUSE DR.	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	DIMOCK, D. KENNETH	
STREET ADDRESS	301 NORTH ELM ST.	
CITY-ST-ZIP	GREENSBORO NC	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISHMAN, MAURICE
STREET ADDRESS	40 U S TRUST COMPANY OF NC
CITY-ST-ZIP	P O Box 26262, GREENSBORO NC 27420
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISHMAN, BARBARA
STREET ADDRESS	40 U S TRUST COMPANY OF NC
CITY-ST-ZIP	P O Box 26262, GREENSBORO NC 27420
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	

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:

D. Kenneth Dimock, Sec. Treas. 8/2/00

336 272-5100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime # e #

CR2E034 (9/99)