

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000054712

1. Entity Name

MARKS & ARTAU, P.A.

**FILED**  
Feb 06, 2001 8:00 am  
Secretary of State

02-06-2001 90267 016 \*\*\*150.00

0301276

Principal Place of Business

2499 GLADES ROAD #101  
BOCA RATON FL 33433

Mailing Address

2499 GLADES ROAD #101  
BOCA RATON FL 33433

2. Principal Place of Business

2499 Glades Road

3. Mailing Address

2499 Glades Road

Suite, Apt. #, etc.

Suite 308

Suite, Apt. #, etc.

Suite 308

City & State

Boca Raton Fl

City & State

Boca Raton FL

Zip

33431

Country

USA

Zip

33431

Country

USA

4. FEI Number

65-0687834

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BOOKSTEIN, MERRILL A ESQ  
4800 NORTH FEDERAL HIGHWAY  
SUITE 210B  
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

Name

Merrill A. Bookstein, Esq.

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

2499 Glades Road, Suite 308

City

Boca Raton

FL

Zip Code

33431

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 signature required when reinstating)

DATE

2/1/2001

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  
PSTD  
MARKS, JEFFREY  
2499 GLADES ROAD #101-308  
BOCA RATON FL 33433 ☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
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CITY-ST-ZIP  
☐ Change ☐ Addition

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CITY-ST-ZIP  
☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jeffrey A Marks

2/1/01

561-416-9801

CR2E034 (10/00)