

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000079228

1. Entity Name
MARK SELL COMMUNICATIONS, INC.

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90100 011 ***150.00

Principal Place of Business
1110 BRICKELL AVE STE 430
MIAMI FL 33131-3139

Mailing Address
1110 BRICKELL AVE STE 430
MIAMI FL 33131-3139

531389



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
58 NW 98 ST.
Suite, Apt. #, etc.

3. Mailing Address
58 NW 98 ST.
Suite, Apt. #, etc.

City & State
MIAMI SHORES, FL
Zip
33150

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MIAMI SHORES, FL
Zip
33150

4. FEI Number **65-0702021**

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

BUCHBINDER & ELEGANT, P.A.
46 SW FIRST STREET STE 400
MIAMI FL 33130

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, 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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
SELL, MARK W
1110 BRICKELL AVE STE 430
MIAMI FL 33131-3139

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
SELL, MARK W.
58 NW 98 ST.
MIAMI SHORES, FL - 33150

TITLE
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CITY-ST-ZIP

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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 #

4/11/01 305.755.6680

CR2E034 (10/00)