

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000099737

1. Entity Name

IRVING S. MARCUS, C.P.A., P.A.

FILED

Apr 19, 2000 8:00 am  
Secretary of State

04-19-2000 90062 039 \*\*\*150.00

Principal Place of Business

Mailing Address

980 N FEDERAL HWY  
STE 206  
BOCA RATON FL 33432  
US

980 N FEDERAL HWY  
STE 206  
BOCA RATON FL 33432-2704  
US

2. Principal Place of Business

3. Mailing Address

980 N. FEDERAL HWY

980 N. FEDERAL HWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE #430

SUITE #430

City & State

City & State

BOCA RATON FL

BOCA RATON FL

Zip

Country

Zip

Country

33432

33432

4. FEI Number

65-0714052

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

MARCUS, IRVING S  
980 N FEDERAL HWY  
STE 206  
BOCA RATON FL 33432

Name

MARCUS, IRVING S.

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

980 N. FEDERAL HWY

SUITE #430

City

BOCA RATON

FL

Zip Code

33432

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, 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PTSD  
MARCUS, IRVING S  
980 FEDERAL HWY STE 206  
BOCA RATON FL 33432 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PTSD  
MARCUS, IRVING S.  
980 N. FEDERAL HWY #430  
BOCA RATON FL 33432 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
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

4/13/2000 (521)361-9930

Daytime Phone #