## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## FILED Mar 31, 2000 8:00 am DOCUMENT # **P97000000543** 1. Entity Name **Secretary of State** MARVIN BERNARD, INC. 03-31-2000 90082 050 \*\*\*150.00 Principal Place of Business Mailing Address 14806 MILITARY TRAIL 14806 MILITARY TRAIL DELRAY BEACH FL 33484 DELRAY BEACH FL 33484-8153 043431 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0723233 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired-7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent R NARD WASSERMAN, MARVIN Street Address (P.O. Box Number is Not Acceptable) 14806 MILITARY TRAIL **DELRAY BEACH FL 33484** MILITARY ntity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named PRes 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. DZINK, BERNARD PChange 14806 MILITARY TR. DELRAY BEACH FL 334 TITLE ✓ Delete WASSERMAN, MARVIN NAME NAME # 4806 MILITARY TRAIL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **DELRAY BEACH FL 33484** ☐ Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ---☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.