

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000026162

1. Entity Name  
2002 MARK, INC.

**FILED**  
**Feb 26, 2000 8:00 am**  
**Secretary of State**

02-26-2000 90049 027 \*\*\*158.75

Principal Place of Business  
5281 W IRLO BRONSON MEMORIAL HWY  
KISSIMMEE FL 34746

Mailing Address  
5281 W IRLO BRONSON MEMORIAL HWY  
KISSIMMEE FL 34746-5347

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Zip Country

City & State  
Zip Country

4. FEI Number **NOT APPLICABLE**  
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

SOLOMON, HANI K  
5281 W IRLO BRONSON MEMORIAL HWY  
KISSIMMEE FL 34746

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, 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

| TITLE | NAME              | STREET ADDRESS                   | CITY-ST-ZIP        | <input type="checkbox"/> Delete |
|-------|-------------------|----------------------------------|--------------------|---------------------------------|
|       | D SOLOMON, HANI K | 5281 W IRLO BRONSON MEMORIAL HWY | KISSIMMEE FL 34746 |                                 |
|       |                   |                                  |                    | <input type="checkbox"/> Delete |
|       |                   |                                  |                    | <input type="checkbox"/> Delete |
|       |                   |                                  |                    | <input type="checkbox"/> Delete |
|       |                   |                                  |                    | <input type="checkbox"/> Delete |
|       |                   |                                  |                    | <input type="checkbox"/> Delete |

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
|       |      |                |             | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|       |      |                |             | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|       |      |                |             | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|       |      |                |             | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|       |      |                |             | <input type="checkbox"/> Change | <input type="checkbox"/> 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 #

CR2E034 (9/99)