

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State
 05-14-2001 90249 045 ***150.00

DOCUMENT # P98000043067
1. Entity Name
 MARCO TOWN CENTER, INC. ✓

Principal Place of Business 2401 PGA Boulevard Suite 280 Palm Beach Gardens, FL 33410	Mailing Address 2401 PGA Boulevard Suite 280 Palm Beach Gardens, FL 33410
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2. Principal Place of Business 1696 NE Miami Gardens Drive	3. Mailing Address 1696 NE Miami Gardens Drive
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Suite, Apt. #, etc. Suite 200	Suite, Apt. #, etc. Suite 200
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City & State North Miami Beach, Florida	City & State North Miami Beach, Florida
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Zip 33179	Country USA	Zip 33179	Country USA
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4. FEI Number 65-0838034	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
 WIENER, DAVID J. ESQ.
 2401 PGA Boulevard, Suite 280
 Palm Beach Gardens, Florida 33410

7. Name and Address of New Registered Agent
 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 _____ (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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP <input checked="" type="checkbox"/> Delete Preston, John W.S. 2401 PGA Boulevard, Suite 280 Palm Beach Gardens, FL 33410
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VST <input checked="" type="checkbox"/> Delete Green, Robert S. 2851 John Street, Suite One Markham, Ontario L3R5R7 Canada
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVAS <input checked="" type="checkbox"/> Delete Bernick, Larry 2401 PGA Boulevard, Suite 280 Palm Beach Gardens, FL 33410
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input checked="" type="checkbox"/> Delete Cohen, Peter F. 30 St. Clair Avenue West, Suite 1400 Toronto, Ontario M43VA1 Canada
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPAS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Katzman, Chaim 1696 NE Miami Gardens Drive, Suite 200 North Miami Beach, Florida 33179
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Valero, Doron 1696 NE Miami Gardens Drive, Suite 200 North Miami Beach, Florida 33179
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Segal, Dori 161 Bay Street, Suite 2820 Toronto, ON M5J 2S1 Canada
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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: By:  **305-947-1664**
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #