

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2002 8:00 am**  
**Secretary of State**

05-05-2002 90281 001 \*1,350.00

**DOCUMENT # P98000043067**

**1. Entity Name**  
**MARCO TOWN CENTER, INC.**

**Principal Place of Business**  
**1696 NE MIAMI GARDENS DRIVE**  
**SUITE 200**  
**NORTH MIAMI BEACH FL 33179**

**Mailing Address**  
**1696 NE MIAMI GARDENS DRIVE**  
**SUITE 200**  
**NORTH MIAMI BEACH FL 33179**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number** **65-0838034**

Applied For

Not Applicable

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

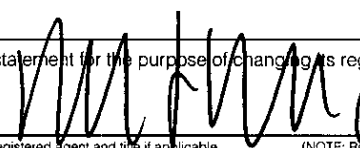
**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**WIENER, DAVID J**  
**2401 PGA BOULEVARD #280**  
**PALM BEACH GARDENS FL 33410**

**Name** **MARCUS, ALAN J**  
**Street Address (P.O. Box Number is Not Acceptable)** **20803 BISCAYNE BLVD**  
**SUITE # 301**  
**City** **AVENTURA** **FL** **Zip Code** **33180**

**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**  **4/8/02**  
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, 2002 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** **DVT** ☒ **Delete**  
**NAME** **SEGAL, DORI**  
**STREET ADDRESS** **161 BAY STREET, SUITE 2820**  
**CITY-ST-ZIP** **TORONTO, ON, CANADA M5J- 2S1**

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

**TITLE** ☐ **Delete**  
**NAME** **DPAS**  
**STREET ADDRESS** **KATZMAN, CHAIM**  
**CITY-ST-ZIP** **1696 NE MIAMI GARDENS DRIVE, SUITE 200**  
**N. MIAMI BEACH FL 33179**

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

**TITLE** ☐ **Delete**  
**NAME** **DVS**  
**STREET ADDRESS** **VALERO, DORON**  
**CITY-ST-ZIP** **1696 NE MIAMI GARDENS DRIVE, SUITE 200**  
**NORTH MIAMI BEACH FL 33179**

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

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ **Change** ☐ **Addition**  
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**STREET ADDRESS**  
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**NAME**  
**STREET ADDRESS**  
**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.**

**SIGNATURE:**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**Date**

**Daytime Phone #**

CR2E034 (9/01)