

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 07, 2000 8:00 a  
Secretary of State

02-07-2000 90054 025 \*\*\*150.00

DOCUMENT # P98000057097

1. Entity Name

MARMEL ASSOCIATES, INC.

Principal Place of Business

Mailing Address

2615 SOUTH UNIVERSITY DRIVE  
DAVIE FL 33328

P.O. BOX 15728  
PLANTATION FL 33318-5728

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

65-0854758

Not

5. Certificate of Status Desired

☐

\$8.75  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STEINIK, MARK E  
2615 SOUTH UNIVERSITY DRIVE  
DAVIE FL 33328

Name MARK E. STELNIK (Type error in block

Street Address (P.O. Box Number is Not Acceptable)  
2615 South University Drive

City Davie

FL

Zip Code 33328

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

Mark E. Stelnik

1-28-00

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  
Added to

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

TITLE PD  
NAME STELNIK, MARK E  
STREET ADDRESS 2615 S. UNIVERSITY DR.  
CITY-ST-ZIP DAVIE FL 33328 ☐ Delete

TITLE VSTD  
NAME RAPPAPORT, MELBOURNE  
STREET ADDRESS 2615 S. UNIVERSITY DR.  
CITY-ST-ZIP DAVIE FL 33328 ☐ Delete

TITLE D  
NAME STELNIK, REGINA  
STREET ADDRESS 2615 S. UNIVERSITY DR.  
CITY-ST-ZIP DAVIE FL 33328 ☐ Delete

TITLE D  
NAME RAPPAPORT, JOANNA  
STREET ADDRESS 2615 S. UNIVERSITY DR.  
CITY-ST-ZIP DAVIE FL 33328 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change

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 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 changed, or on an attachment with an address, with another like employed.

SIGNATURE:

Mark E. Stelnik, President

1/28/00

954-474-22

Date

Daytime Phone #