

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 27, 2001 8:00 am
Secretary of State

06-27-2001 90005 014 ***150.00

DOCUMENT # **P98000062499**

1. Entity Name

Coalescence Inc.

Principal Place of Business

Mailing Address

*134 NE 100 St.
 Miami Shores, FL 33138*

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

650852265

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

A0075032

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

*Eric Roth
 c/o White Case
 2005 Biscayne Blvd.
 Miami, FL 33131*

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, 2001 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 *President* ☐ Delete
 NAME *Scot Marken*
 STREET ADDRESS *134 NE 100 St., Miami, FL 33138*
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 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

Scot Marken

6/13/01

305-7598235

CR2E034 (11/00)



Attachment
DH# P9800062499
A0075037

Putting the pieces together for doing well and doing good

June 21, 2001

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern:

Attached is a completed UBR form and check in the amount of \$150.00. I never received the official form from your division and, consequently, this is being sent past the filing date. I have spoken to one of your examiners concerning this situation and am requesting a waiver of any late fees.

Thank you for your attention to this matter.

Sincerely,

A handwritten signature in cursive script, appearing to read "Scot Marken".

Scot Marken
President