

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000090190

1. Entity Name

LANDMARC MORTGAGE CORP.

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90801 036 \*\*\*150.00

Principal Place of Business Mailing Address  
7921 S.W. 5TH STREET 7921 S.W. 5TH STREET  
NORTH LAUDERDALE FL 33068 NORTH LAUDERDALE FL 33068-1114

2. Principal Place of Business 3. Mailing Address  
22191 Powerline Road 8121 SW 4th place  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
Suite 5A

City & State City & State  
Boca Raton, Florida N. Lauderdale, Florida

Zip Country Zip Country  
33433 Palm Beach 33068 Broward



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0875215 Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
SHAVITZ, MARC A  
7921 S.W. 5TH STREET  
NORTH LAUDERDALE FL 33068

7. Name and Address of New Registered Agent  
Name MARC A SHAVITZ  
Street Address (P.O. Box Number is Not Acceptable)  
8121 SW 4th place  
City N. Lauderdale FL Zip Code 33068

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 Marc Alex Shavit DATE Apr. 125, 2000  
(NOTE: Registered Agent signature required when reinstating)

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	<input type="checkbox"/> Delete
NAME	P SHAVITZ, MARC A
STREET ADDRESS	7921 SW 5TH ST
CITY-ST-ZIP	N LAUDERDALE FL 33068
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Marc Alex Shavit DATE Apr. 125, 2000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/99)