

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 01, 2000 8:00 am
Secretary of State**

02-01-2000 90033 005 ***150.00

DOCUMENT # P99000001847

1. Entity Name

MONOGRAMS BY MARK ELLIOTT, INC.

Principal Place of Business

Mailing Address

1000 E ATLANTIC BLVD. SUITE 10
POMPANO BEACH FL 330601000 E ATLANTIC BLVD. SUITE 10
POMPANO BEACH FL 33060-7447

80011396



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-088-8176

Applied For

Not Applicable

Zip

Country

Zip

Country

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

TRICK, WILLIAM W JR
1216 E ATLANTIC BLVD, SUITE 7
POMPANO BEACH FL 33060

Name

ELLIOTT DICKER

Street Address (P.O. Box Number is Not Acceptable)

1000 E ATLANTIC BLVD, SUITE 10

City

POMPANO BEACH

FL

Zip Code

33060

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

Elliott Dicker PRESIDENT

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/27/00
DATE9. 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 State10. 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 ☐ Delete
NAME DICKER, ELLIOTT H
STREET ADDRESS 1000 E ATLANTIC BLVD, SUITE 10
CITY-ST-ZIP POMPANO BEACH FL 33060TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME SHAFER, DIANE
STREET ADDRESS 1000 E ATLANTIC BLVD, SUITE 10
CITY-ST-ZIP POMPANO BEACH FL 33060TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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STREET ADDRESS
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CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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 officers empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-27-00

954-942-4346