

2000 UNIFORM BUSINESS REPORT (UBR)

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FILED
Jul 11, 2000 8:00 am
Secretary of State

04-27-2000 90095 009 ***150.00

DOCUMENT # P99000007633 1. Entity Name ADMARK FINANCIAL CORP.																																															
Principal Place of Business 730 NW 57 PL FT. LAUDERDALE FL 33309			Mailing Address 730 NW 57 PL FT. LAUDERDALE FL 33309-2030																																												
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																												
City & State			City & State																																												
Zip		Country		4. FEI Number																																											
				☐ Applied For ☒ Not Applicable																																											
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				DO NOT WRITE IN THIS SPACE																																											
6. Name and Address of Current Registered Agent BROWN JACK E 730 NW 57 PL FT. LAUDERDALE FL 33309			7. Name and Address of New Registered Agent 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 use 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, 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																																											
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">11. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 33%; padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="width: 33%; padding: 2px;"> Pres. JACK E BROWN 730 NW 57 PL FT. LAUDERDALE, FL 33309 ☐ Delete </td> <td style="width: 33%; padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="width: 33%; padding: 2px;"></td> <td style="width: 33%; padding: 2px;"> ☐ Change ☐ Addition </td> <td style="width: 33%; padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"> Secy/Treasurer KIFF COLLIGAN 730 NW 57 PL FT. LAUDERDALE, FL 33309 ☐ Delete </td> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"></td> <td style="padding: 2px;"> ☐ Change ☐ Addition </td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"></td> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"></td> <td style="padding: 2px;"> ☐ Change ☐ Addition </td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"></td> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"></td> <td style="padding: 2px;"> ☐ Change ☐ Addition </td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"></td> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"></td> <td style="padding: 2px;"> ☐ Change ☐ Addition </td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"></td> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"></td> <td style="padding: 2px;"> ☐ Change ☐ Addition </td> <td style="padding: 2px;"></td> </tr> </table>						11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres. JACK E BROWN 730 NW 57 PL FT. LAUDERDALE, FL 33309 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secy/Treasurer KIFF COLLIGAN 730 NW 57 PL FT. LAUDERDALE, FL 33309 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
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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: <u><i>[Signature]</i></u> JACK E BROWN 4/19/00 954 489 1300 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																																															

CR2E034 (9/99)



Telephone: (954) 489-1500

Fax: (954) 489-9044

Doc # P99000007633
CORPORATE OFFICES: 730 N.W. 57TH PLACE, FT. LAUDERDALE, FL 33309
OFFICES NATIONWIDE

June 19, 2000

Florida Department of State
Division of Corporations
P.O. Box 6237
Tallahassee FL 32314

Attn: Annual Reports Section

Re: Admark Financial Corp.

We are enclosing a copy of your letter requesting that we fill in Block 4 which is the FEI number. Please be informed that this company did not file for the FEI number and that National Admark Corp., as Admark Financial Corp. owner (sole shareholder) wishes to dissolve ADMARK FINANCIAL CORP.

In light of this decision, we request a refund of the \$150.00 fee which was paid in error for the 2000 UBR filing.

Sincerely,



JACK BROWN
PRESIDENT