

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000012043

1. Entity Name

BRUCE MARK D.C., P.A.

FILED

Feb 14, 2001 8:00 am  
Secretary of State

02-14-2001 90019 046 \*\*\*150.00

716405



DO NOT WRITE IN THIS SPACE

Principal Place of Business

1240 UNIVERSITY DR  
POMPAÑO BEACH FL 33071

Mailing Address

1240 UNIVERSITY DR  
#308  
POMPAÑO BEACH FL 33071

2. Principal Place of Business

1240 University DR

Suite, Apt. #, etc.

3. Mailing Address

1240 University DR.

Suite, Apt. #, etc.

City & State

Coral Springs FL

City & State

Coral Springs FL.

Zip

33071

Country

USA

Zip

33071

Country

USA

4. FEI Number

65-0894302

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MARK, BRUCE  
1240 UNIVERSITY DR  
POMPAÑO BEACH FL 33071

7. Name and Address of New Registered Agent

Name

BRUCE MARK.

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

1240 University DR.

City

Coral Springs

FL

Zip Code

33071

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

2/19/01

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

TITLE	D	<input type="checkbox"/> Delete
NAME	MARK, BRUCE	
STREET ADDRESS	1240 UNIVERSITY	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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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
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/19/01 954-757-6830

0137782

CR2E034 (10/00)