

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 26, 2002 8:00 am  
Secretary of State

02-26-2002 90136 026 \*\*\*150.00

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**DOCUMENT # P99000012043**

1. Entity Name

BRUCE MARK D.C., P.A.

Principal Place of Business

1240 UNIVERSITY DRIVE  
CORAL SPRINGS FL 33071

Mailing Address

1240 UNIVERSITY DRIVE  
#308  
CORAL SPRINGS FL 33071

2. Principal Place of Business

4001 HOLLYWOOD BLVD

3. Mailing Address

4001 HOLLYWOOD BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HOLLYWOOD

City & State

HOLLYWOOD

4. FEI Number

65-0894302

Applied For

Not Applicable

Zip

33021

Country

USA

Zip

33021

Country

USA

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MARK, BRUCE  
1240 UNIVERSITY DR  
CORAL SPRINGS FL 33071

7. Name and Address of New Registered Agent

Name

BRUCE MARK

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

4001 HOLLYWOOD BLVD

City

HOLLYWOOD

FL

Zip Code

33021

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

2/8/02

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, 2002 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** ☒ Delete  
NAME **MARK, BRUCE**  
STREET ADDRESS **1240 UNIVERSITY**  
CITY-ST-ZIP **CORAL SPRINGS FL 33071**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☒ Change ☐ Addition  
NAME **BRUCE MARK**  
STREET ADDRESS **4001 HOLLYWOOD BLVD**  
CITY-ST-ZIP **HOLLYWOOD FL 33021**

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

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

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

TITLE ☐ Change ☐ Addition  
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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/02

954-987-2528

Date

Daytime Phone #

CP2E034 (9/01)