

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000014937

1. Entity Name
MARK IV CONSTRUCTION, CO, INC.

FILED
Aug 15, 2000 8:00 am
Secretary of State

08-15-2000 90014 022 ***550.00

Principal Place of Business
P.O. BOX 144936
CORAL GABLES FL 33144

Mailing Address
P.O. BOX 144936
CORAL GABLES FL 33144

2. Principal Place of Business
P.O. Box 145178
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 145178
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
CORAL GABLES FL
Zip 33114 Country DADR

City & State
CORAL GABLES FL
Zip 33114 Country DADR

4. FEI Number 65-0909849
Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

MAYER, MARK WILLIAM
3540 NORTH BAYHOMES DRIVE
COCONUT GROVE FL 33133

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 _____ (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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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
NAME MAYER, MARK WILLIAM
STREET ADDRESS P.O. BOX 144936
CITY-ST-ZIP CORAL GABLES FL 33144 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE SECRETARY TREASURER
NAME LUCY MAYER
STREET ADDRESS P.O. Box 145178
CITY-ST-ZIP CORAL GABLES FL 33114 ☐ Change ☒ Addition

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

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

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

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

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

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

Date Daytime Phone #

CR2E034 (5/00)