

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000027782

1. Entity Name

MARK RIDGE CORP.

Principal Place of Business

190 NE 199TH STREET  
SUITE 207  
NORTH MIAMI BEACH FL 33179

Mailing Address

190 NE 199TH STREET  
SUITE 207  
NORTH MIAMI BEACH FL 33179-2927

2. Principal Place of Business

1940 HARRISON STREET

3. Mailing Address

1940 HARRISON STREET

Suite, Apt. #, etc.

200 C+D

Suite, Apt. #, etc.

200 C+D

City & State

HOLLYWOOD FL

City & State

HOLLYWOOD FL

Zip

33020

Country

USA

Zip

33020

Country

USA

4. FEI Number

65-0908126

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ETHERIDGE, MARK J  
1231 FAIRLAKE TRACE #601  
WESTON FL 33326

7. Name and Address of New Registered Agent

Name

SAME

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 title 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

11. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 checked="" type="checkbox"/> Addition
NAME	PRESIDENT
STREET ADDRESS	MARK J. ETHERIDGE
CITY-ST-ZIP	1231 FAIRLAKE TRACE #601 WESTON, FL 33326
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SECRETARY
STREET ADDRESS	MARIA ETHERIDGE
CITY-ST-ZIP	1231 FAIRLAKE TRACE #601 WESTON, FL 33326
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 #

**FILED**  
**May 18, 2000 8:00 am**  
**Secretary of State**

05-18-2000 90287 040 \*\*\*150.00

C0094361



DO NOT WRITE IN THIS SPACE

4/26/00 954-921-5552