

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 07, 2000 8:00 am
Secretary of State

06-07-2000 90008 026 ***150.00

DOCUMENT # 99000030317
 1. Entity Name
Marcon, Inc.

Principal Place of Business Mailing Address
5001 S. University Dr. #A 5001 S. University Dr. #A
Davie, FL 33328 Davie, FL 33328

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number 05-0918955 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
Mark A Bernstein
5001 S. University Dr. #A
Davie, FL 33328

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 _____
 Signature, typed or printed name of registered agent and title if applicable.

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 | <u>Mark Bernstein</u> |
| NAME | <u>5001 S. University Dr. #A</u> |
| STREET ADDRESS | <u>Davie, FL 33328</u> |
| CITY-ST-ZIP | |
| TITLE <input type="checkbox"/> Delete | <u>Constantine Kolinakis</u> |
| NAME | <u>421 SW 58th Avenue</u> |
| STREET ADDRESS | <u>Plantation, FL 33317</u> |
| 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 type="checkbox"/> Addition | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | |
| STREET ADDRESS | |
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| NAME | |
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| 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: Mark Bernstein
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-300 954-252-4955
 Daytime Phone #

CR2E034 (9/99)