

# 2000 UNIFORM BUSINESS REPORT (UBR)

8

**FILED**  
**Aug 22, 2000 8:00 am**  
**Secretary of State**

08-03-2000 90039 034 \*\*\*150.00

**DOCUMENT # P99000046732**

1. Entity Name

**MARK MAIL, INC.**

R

Principal Place of Business

11977 SOUTHERN BLVD.  
 ROYAL PALM BCH FL 33411

Mailing Address

11977 SOUTHERN BLVD.  
 ROYAL PALM BCH FL 33411

2. Principal Place of Business

11985 SOUTHERN BLVD

Suite, Apt. #, etc.

3. Mailing Address

11985 Southern Blvd?

Suite, Apt. #, etc.

City & State

ROYAL PALM BCH FL 33411

Zip

Country

palm bch

City & State

ROYAL PALM BEACH, FL

Zip

33411

Country

4. FEI Number

65-0919748

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

ROSENTHAL, JACK  
 822 AZURE AVE.  
 WELLINGTON FL 33414

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

Signature, typed or printed name of registered agent and site 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 \$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 NAME STREET ADDRESS CITY-ST-ZIP	jack rosenthal 822 Azure Ave. Wellington, Fl. 33414	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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

7/27/00

561-792-3774

CR2E034 (5/00)

(attachment)  
(Doc # P99000046732)  
[REDACTED]  
107761

JULY 27, 2000

MARK MAIL INC.  
11985 SOUTHERN BLVD.  
ROYAL PALM BEACH, FL. 33411  
P99000046732

To:

Division of Corporations  
409 East Gaines St.  
Tallahassee, Fl. 32399

Gentlemen:


to request your office to

I am writing/waive any penalty that may be assessed for late filing due to the following facts.

I am new in business and was not aware of filing for this type of form. The attached form 2000 UBR was the first contact received from your office and I can only surmise that it was due to the incorrect mailing address as noted on the form. My correct address is as stated above and I would have paid the tax in a timely manner if I had received the original properly addressed form.

I am enclosing a check for the \$150.00 normal fee and a completed UBR form. Again, I ask your consideration in waiving the late filing penalty and assure you that all future fees received at my correct address will be timely paid and filed.

Sincerely,

  
Jack Rosenthal, Pres.  
Mark Mail Inc.