

2000 UNIFORM BUSINESS REPORT (UBR)

5/8/

FILED
Jun 06, 2000 8:00 am
Secretary of State

05-08-2000 90213 038 ***150.00

DOCUMENT # P99000051637

1. Entity Name

HEISE MARKARIAN, P.A.

Principal Place of Business

Mailing Address

GROVE FOREST PLAZA, SUITE 104
 2937 S.W. 27TH AVENUE
 COCONUT GROVE FL 33133

GROVE FOREST PLAZA, SUITE 104
 2937 S.W. 27TH AVENUE
 COCONUT GROVE FL 33133-3772

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

65-0925397

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

MARKARIAN, DAVID K
 GROVE FOREST PLAZA, SUITE 104
 2937 S.W. 27TH AVENUE
 COCONUT GROVE FL 33133

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete

NAME P
 STREET ADDRESS MARKARIAN, DAVID K
 CITY-ST-ZIP 2937 S.W. 27TH AVE., SUITE 104
 COCONUT GROVE FL 33133

TITLE ☐ Delete

NAME VP
 STREET ADDRESS HEISE, MARK J
 CITY-ST-ZIP 2937 S.W. 27TH AVENUE, SUITE 104
 COCONUT GROVE FL 33133

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NAME
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 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

5/29/00

Daytime Phone #

305-530-8888

CR2E034 (9/99)