

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State
 05-19-2002 90209 012 ***150.00

1228779
 AV

DOCUMENT # P990000057639

1. Entity Name
MARK ANTHONY, INC.

Principal Place of Business

**7313 NW 58TH STREET
 TAMARAC FL 33321**

Mailing Address

**7313 NW 58TH STREET
 TAMARAC FL 33321**

2. Principal Place of Business

4356 NW 103rd AVE

3. Mailing Address

4356 NW 103rd AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SUNRISE, FLORIDA

City & State

SUNRISE, FLORIDA

Zip

Country

33351 USA

Zip

Country

33351 USA

4. FEI Number

65-0933223

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MITCHELL, MARK A
 7313 NW 58TH STREET
 TAMARAC FL 33321**

7. Name and Address of New Registered Agent

Name MITCHELL, MARK A.

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

4356 NW 103rd AVE.

City SUNRISE

FL

Zip Code 33351

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, 2002 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 PD ☐ **Delete**
NAME MITCHELL, MARK A
STREET ADDRESS 7313 NW 58TH STREET
CITY-ST-ZIP TAMARAC FL 33321

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS 4356 NW 103rd AVE
CITY-ST-ZIP SUNRISE, FL. 33351

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

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

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TITLE ☐ **Change** ☐ **Addition**
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TITLE ☐ **Change** ☐ **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 A. Mitchell* MARK A. Mitchell (President) 26 April 02 (954) 578-2433

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)