

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P99000061170**

1. Entity Name

**BMARK, INC.****FILED**  
**Mar 02, 2000 8:00 am**  
**Secretary of State**

03-02-2000 90084 029 \*\*\*158.75

Principal Place of Business

**12601 S. DIXIE HIGHWAY  
SUITE 401A  
MIAMI FL 33156**

Mailing Address

**12601 S. DIXIE HIGHWAY  
SUITE 401A  
MIAMI FL 33156-5931**

2. Principal Place of Business

**1519 Aqueduct Lane**

Suite, Apt. #, etc.

3. Mailing Address

**1519 Aqueduct Lane**

Suite, Apt. #, etc.

City &amp; State

**KEY LARGO, FLORIDA**

Zip

**33037**

Country

**MONROE**

City &amp; State

**KEY LARGO, FLORIDA**

Zip

**33037**

Country

**MONROE**

4. FEI Number

☒ Applied For☐ Not Applicable5. 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

**FILINGS, INC.****3732 N.W. 16TH STREET****FT. LAUDERDALE FL 33311-4132**

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 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>D</b>			
	<b>MARKOWITZ, ROBERT</b>			
	<b>12601 S.DIXIE HIGHWAY, SUITE 401A</b>			
	<b>MIAMI FL 33156</b>			

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"/> Delete
	<b>D</b>			
	<b>MARKEY, BILL</b>			
	<b>98250 OVERSEAS HIGHWAY MILE MARKER 98.2</b>			
	<b>KEY LARGO FL 33037</b>			

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		<b>1519 Aqueduct Lane</b>			
		<b>KEY LARGO FL 33037</b>			

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

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"/> Delete

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"/> Delete

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"/> Delete

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1/8/00 305-852-3337**

CR2E034 (9/99)