2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9900062082 1. Entity Name ADMARK, INC.					Secretary of State 02-10-2002 90033 022 ***150.00			
Principal Place of Business Mailing Address								
6500 S.W. 99TH AVENUE 6500 S.W. 99TH AVENUE MIAMI FL 33173 MIAMI FL 33173								
	.•					1881 9681 9684 9684 9784 97	LAN HARARA	
2. Principal Place of Business 11431 NW 345 ST. 11431 NW 345 ST								
Suite, Apt. #, etc. Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & Stat	nitt.	City & State MIAMI FL	MIAMI FL		FEI Number 65-0937765 Applied For Not Applicable			
3 31′	78 Country	Zip 33/78	Country USA.	5. Ce	rtificate of Status Des		8.75 Add ee Required	
	6. Name and Address of Current R	egistered Agent		7. Na	me and Address of h	lew Registered A	jent	
Name AL					BERTO BAROUM			
					K Number is Not Acce	ptable)		
48 EAST FLAGLER STREET PENTHOUSE 104				SW	72NOST	SUITE	206	
MIAMI FL	City							
8. The above	named entity submits this statement for t	he purpose of changing its re					1 22	
SIGNATURE .	A	Munkal	>				9/02	
	Signature, typed or printed name of registered agent and	d title if applicable. (NOTE: F	Registered Agent signature requ	uired when reins	stating)	DATE		
, , , , , , , , , , , , , , , , , , , ,			FEE IS \$150.00 Fee will be \$550.00 to Department of \$	I	10. Election Campai Trust Fund Contr	• • –		May Be to Fees
11.	OFFICERS AND D		12.	ADDI	TIONS/CHANGES TO	OFFICERS AND D	DIRECTORS	
TITLE	D CONTACT LODGE E	☐ Delete	TITLE NAME				Change	☐ Addition
NAME STREET ADDRESS	Gonzalez, Jorge e 6500 s.w. 99th avenue		STREET ADDRESS					
CITÝ-∎ST-ZIP	MIAMI FL 33173		CITY-ST-ZIP					
TITLE NAME	D CTERRO COCCIO. HIAN	☐ Delete	TITLE NAME				☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	OTERO-COSSIO, JUAN 1410 S.W. 84TH COURT MIAMI FL 33144 _		STREET ADDRESS CITY-ST-ZIP					
TITLE		☐ Delete	TITLE		- 		Change	Addition
NAME STREET ADDRESS			NAME STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE	· -			☐ Change	Addition
NAME STREET ADDRESS			NAME STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE				Change	Addition
NAME			NAME					ĺ
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
TITLE		☐ Delete	TITLE				Change	Addition
NAMÉ			NAME				_	1
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
	ertify that the information supplied with the	nis filing does not qualify for th		Section 11	9.07(3)(j), Florida Stat	utes. I further certif	v that the in	formation
indicated of the cor	on this report or supplemental report is tr poration or the receiver or trustee empow or on an atlachment with an address, wit	ue and accurate and that my rered to execute this report as	signature shall have th	he same leg	al effect as if made u	nder oath; that I an	n an officer (or director