

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 05, 2001 8:00 am**  
**Secretary of State**  
 04-05-2001 90445 032 \*\*\*150.00

**DOCUMENT # S18203**

1. Entity Name

**MARTIN J. DARLOW & ASSOCIATES, INC.**

Principal Place of Business

**10900 SW 83 CT  
 MIAMI FL 33136  
 US**

Mailing Address

**10420 SW 77 AVE.  
 MIAMI FL 33156-3701  
 US**

**00031818**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

**9420 SW 77 Ave**

Suite, Apt. #, etc.

City & State

**Miami Fla**

City & State

4. FEI Number **65-0230875**

Applied For

Not Applicable

Zip

**33156**

Country

**US**

Zip

Country

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

**DARLOW, MARTIN J.  
 10900 SW 83RD CT  
 MIAMI FL 33156**

Name

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

**10420 SW 77 Ave**

City

**Miami**

**FL**

Zip Code

**33156**

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, 2001 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 **PD** ☐ Delete  
 NAME **DARLOW, MYRIAM S.**  
 STREET ADDRESS **10900 SW 83 CT**  
 CITY-ST-ZIP **MIAMI FL 33156**

TITLE **TSD** ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **9420 SW 77 Ave**  
 CITY-ST-ZIP **Miami FL 33156**

TITLE **PD** ☐ Delete  
 NAME **Martin J. Darlow**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **PD** ☐ Change ☒ Addition  
 NAME **Martin J. Darlow**  
 STREET ADDRESS **9420 SW 77 Ave**  
 CITY-ST-ZIP **Miami FL 33156**

TITLE ☒ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

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:

*Martin J. Darlow* Martin J Darlow Pres

305/595-7000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/00)