PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90030 034 ***150.00

DOCUMENT # V09583 1. Corporation Name MARK-HUBEN INC Mailing Address Principal Place of Business 401 BISCAYNE BLVD. POB 960386 MIAMI FL 33296 DO NOT WRITE IN THIS SPACE MIAMI FL 33132 3. Date Incorporated or Qualifed 01/27/1992 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Not Applicable 26 65-0359872 21 Suite, Apt, #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State \$5.00 May Be City & State Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Country Zip 8. This corporation owes the current year Intangible **PINO** 30 Personal Property Tax. 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 İ Name RUBENSTEIN, JEFFREY K Street Address (P.O. Box Number is Not Acceptable) 82 **401 BISCAYNE BLVD** S 117 83 **MIAMI FL 33132** Zip Code 85 84 City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Addition DELETE 1.1 TITLE ☐ Change TITLE 1.2 NAME NAME RUBENSTEIN, FRED M. 401 BISCAYNE BLVD S117 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ DELETE TITLE **USD** 2.1 TITLE RUBENSTEIN, JEFFREY K 2.2 NAME NAME STREET ADDRESS 401 BISCAYNE BLVD S117 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Change ☐ Addition DELETE 3.1 TITLE TITLE NAME CANDIOTTI, KEITH ALLEN 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 8753 NW 76 DR. TAMARAC FL 33321 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change ☐ Addition 4.1 TITLE TITLE 4, 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Change ☐ Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE 6.1 TITLE TITLE 62 NAME NAME

CITY-ST-ZIP 14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

EVX Rosenstein 4

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