

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V13048

1. Entity Name

LYN MARI, INC.

Principal Place of Business

C/O FREEDMAN & MCCLOSKEY
ONE EAST BROWARD BLVD #700
FT. LAUDERDALE FL 33316
US

Mailing Address

4012 CHANCERY CT NW
WASHINGTON DC 20007-2140
US

2. Principal Place of Business

3. Mailing Address

4045 HIGHWOOD CT N.W.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

WASHINGTON DC

4. FEI Number

65-0319454

Applied For

Not Applicable

Zip

Country

Zip

Country

20007

US

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

CORPORATION INFORMATION SERVICES INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

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
PSD
GORACY, DAVID
4012 CHANCERY CT NW
WASHINGTON DC ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
4045 HIGHWOOD CT N.W.
WASHINGTON DC 20007 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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

PRESIDENT

Date

Daytime Phone #

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90068 050 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)