

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V32005

1. Entity Name

MARLENE D'ARCY, INC.

Principal Place of Business

Mailing Address

5813 N. ANDREWS WAY
FT. LAUDERDALE FL 33309

5813 N. ANDREWS WAY
FT. LAUDERDALE FL 33069-4615

2. Principal Place of Business

3. Mailing Address

1100 SW 12th AVE
Suite, Apt. #, etc.

1100 SW 12th AVENUE
Suite, Apt. #, etc.

City & State

City & State

Pompano BEACH, FL

Pompano BEACH, FL

Zip

Country

Zip

Country

33069 USA

33069 USA

4. FEI Number

65-0328139

Applied For

Not Applicable

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

STOLAR, DAVID
1350 KANE CONCOURSE
BAY HARBOUR ISLAND FL 33154

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 VP
NAME NICOLD, MATTHEW
STREET ADDRESS 1901 N ATLANTIC BLVD #16A
CITY-ST-ZIP FT LAUDERDALE FL 33305 ☐ Delete

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

TITLE P
NAME NICOLD, RICHARD
STREET ADDRESS 1901 N ATLANTIC BLVD #16A
CITY-ST-ZIP FT LAUDERDALE FL 33305 ☐ Delete

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

TITLE VP
NAME NICOLD, AMY
STREET ADDRESS 1901 N ATLANTIC BLVD #16A
CITY-ST-ZIP FT LAUDERDALE FL 33305 ☐ Delete

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

TITLE CS
NAME PERRETTY, JEANNE
STREET ADDRESS 4937 NW 47TH AVENUE
CITY-ST-ZIP COCONUT CREEK FL 33073 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
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:

Richard Nicolo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90074 020 ***158.75



DO NOT WRITE IN THIS SPACE

1/16/00 954-334-1002