

# 2000 UNIFORM BUSINESS REPORT (UBR)

|  |         |  |         |
|--|---------|--|---------|
| <b>DOCUMENT # Z00156</b>   |         |  |         |
| 1. Entity Name<br><b>VICTORMARK, L.C.</b>  |         |  |         |
| Principal Place of Business<br><b>8000 - E NORTH ARMENIA AVE.<br/>TAMPA FL 33604</b> |         | Mailing Address<br><b>8000 - E NORTH ARMENIA AVE.<br/>TAMPA FL 33604</b> |         |
| 2. Principal Place of Business   |         | 3. Mailing Address   |         |
| Suite, Apt. #, etc.  |         | Suite, Apt. #, etc.  |         |
| City & State   |         | City & State   |         |
| Zip  | Country | Zip  | Country |

FILED  
00 JAN 18 PM 4:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| 6. Name and Address of Current Registered Agent<br><b>ROSENTHAL, MARK S.<br/>8000 - E NORTH ARMENIA AVE.<br/>TAMPA FL 33604</b> |  |  |  | 7. Name and Address of New Registered Agent        |  |
| Name  |  |  |  | Name   |  |
| Street Address (P.O. Box Number is Not Acceptable)  |  |  |  | Street Address (P.O. Box Number is Not Acceptable) |  |
| City  |  |  |  | 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$50.00**  
Make Check Payable to Department of State

| 9. MANAGING MEMBERS / MEMBERS |                        |                                 | 10. ADDITIONS / CHANGES |                       |   |
|-------------------------------|------------------------|---------------------------------|-------------------------|-----------------------|---|
| TITLE                         | M                      | <input type="checkbox"/> Delete | TITLE                   |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                          | ROSENTHAL, MARK S.     |                                 | NAME                    | 600003115216--2       |   |
| STREET ADDRESS                | 8000 E N. ARMENIA AVE. |                                 | STREET ADDRESS          | -01/28/00--01092--023 |   |
| CITY-ST-ZIP                   | TAMPA FL               |                                 | CITY-ST-ZIP             | *****50.00 *****50.00 |   |
| TITLE                         | M                      | <input type="checkbox"/> Delete | TITLE                   |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                          | ROSENTHAL, VICTOR      |                                 | NAME                    |                       |   |
| STREET ADDRESS                | 8000 E N. ARMENIA AVE. |                                 | STREET ADDRESS          |                       |   |
| CITY-ST-ZIP                   | TAMPA FL               |                                 | CITY-ST-ZIP             |                       |   |
| TITLE                         |                        | <input type="checkbox"/> Delete | TITLE                   |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                          |                        |                                 | NAME                    |                       |   |
| STREET ADDRESS                |                        |                                 | STREET ADDRESS          |                       |   |
| CITY-ST-ZIP                   |                        |                                 | CITY-ST-ZIP             |                       |   |
| TITLE                         |                        | <input type="checkbox"/> Delete | TITLE                   |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                          |                        |                                 | NAME                    |                       |   |
| STREET ADDRESS                |                        |                                 | STREET ADDRESS          |                       |   |
| CITY-ST-ZIP                   |                        |                                 | CITY-ST-ZIP             |                       |   |
| TITLE                         |                        | <input type="checkbox"/> Delete | TITLE                   |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                          |                        |                                 | NAME                    |                       |   |
| STREET ADDRESS                |                        |                                 | STREET ADDRESS          |                       |   |
| CITY-ST-ZIP                   |                        |                                 | CITY-ST-ZIP             |                       |   |
| TITLE                         |                        | <input type="checkbox"/> Delete | TITLE                   |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                          |                        |                                 | NAME                    |                       |   |
| STREET ADDRESS                |                        |                                 | STREET ADDRESS          |                       |   |
| CITY-ST-ZIP                   |                        |                                 | CITY-ST-ZIP             |                       |   |

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: VICTOR M ROSENTHAL PRESIDENT 1/9/200 813 932-2690  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #