

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2003 8:00 am
Secretary of State

02-20-2003 90134 030 ***150.00

DOCUMENT # F01000003846

1. Entity Name
MAIORISI MARKETING CORPORATION



Principal Place of Business
**10548 PLAINVIEW CIRCLE
BOCA RATON FL 33498**

Mailing Address
**C/O HECHT, DI MARCO & CO. LLC
1600 ROUTE 208
FAIR LAWN NJ 07410**



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
3711 NE 27TH TERRACE

3. Mailing Address
C/O HECHT, DI MARCO & CO. LLC

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2711 RTE 46W STE H109

City & State
LIGHTHOUSE POINT FL

City & State
FAIRFIELD NJ

4. FEI Number
22-1833803

Applied For
☐ Not Applicable

Zip
33064

Country
USA

Zip
07004

Country
USA

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

**MAIORISI, PAUL
10548 PLAINVIEW CIRCLE
BOCA RATON FL 33498**

Name
MAIORISI, PAUL

Street Address (P.O. Box Number is Not Acceptable)
3711 NE 27TH TERRACE

City
LIGHTHOUSE POINT

FL

Zip Code
33064

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Paul Maiorisi*
Signature, typed or printed name of registered agent and title if applicable.

Paul Maiorisi
(NOTE: Registered Agent signature required when reinstating)

2/15/03
DATE

FILE NOW!!! FEE IS \$150.00

***After May 1, 2003 Fee will be \$550.00**

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MAIORISI, PAUL 10548 PLAINVIEW CIRCLE BOCA RATON FL 33498	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MAIORISI, GABRIELLA 10548 PLAINVIEW CIRCLE BOCA RATON FL 33498	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MAIORISI PAUL 3711 NE 27TH TERRACE LIGHTHOUSE POINT FL 33064	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MAIORISI GABRIELLA 3711 NE 27TH TERRACE LIGHTHOUSE POINT FL 33064	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Paul Maiorisi*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paul Maiorisi
Date

Daytime Phone #

CR2E034 (10/02)