2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2001 8:00 am
Secretary of State
01-24-2001 90019 039 ***150.00

DOCUMENT # G27074

1. Entity Name
MART MARKETING INC.

Principal Place of Business	Mailing Address
% SY MAZOFF 150 S. UNIVERSITY DR. SUITE F PLANTATION FL 33324	150 S UNIVERSITY DR SUITE F PLANTATION FL 33324 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
% S. MAZOFF	100 PINE ISLAND RD
Suite, Apt. #, etc. 100 PINE ISLAND Rd. SUITE 148	Suite, Apt. #, etc. SUITE 148
City & State PLANTATION FL.	City & State PLANTATION FL
Zip / Country 33324 / USA	Zip / Country 33324 / USA

4. FEI Number 59-2260367 ☐ 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
MAZOFF, SY 4945 NW 82 AVENUE LAUDERHILL FL 33319	Name: S. MAZOFF Street Address (P.O. Box Number is Not Acceptable): 81 SW 91 TERRACE City: PLANTATION FL Zip Code: 33324

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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	PD MAZOFF, SY 150 S UNIVERSITY DR PLANTATION FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO MAZOFF S. 100 PINE ISLAND Rd. PLANTATION FL. 33324 SUITE 148	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/00)

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: S. Mazoff S. MAZOFF 1-11-01 954 370-0004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #