FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91352 013 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

669589

DOCUMENT # G27074

1. Entity Name
MART MARKETING, INC.

DO NOT WRITE IN THIS SPACE

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

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-2260367 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: SY 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)

January 1 - May 1 Fee is $150.00
After May 1 Fee is $500.00
Amended UBR is $61.25
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

TITLE	D
NAME	SI MAZOFF
STREET ADDRESS	100 S PINE ISLAND RD, #148
CITY - ST - ZIP	PLANTATION, FL 33324

TITLE / NAME / STREET ADDRESS / CITY - ST - ZIP

DO NOT WRITE IN THIS SPACE

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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ SI MAZOFF 5/1/2002 954-370-0504
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034B (12/01)

STF FL#23681F.1