

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J22751

1. Entity Name

MARKETING COMMUNICATIONS ASSOCIATES, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90049 033 ***150.00

Principal Place of Business

Mailing Address

% CARMEN E. LOPEZ
 2630 PARK PLACE BLVD. #5
 MELBOURNE FL 32935

% CARMEN E. LOPEZ
 2630 PARK PLACE BLVD. #5
 MELBOURNE FL 32935-2255

2. Principal Place of Business

3. Mailing Address

P.O. BOX 360158

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
 MELBOURNE, FL

Zip

Country

Zip
 32936-0158

Country

U.S.A.

4. FEI Number 59-2704087

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

LOPEZ, CARMEN E.
 2630 PARK PLACE BLVD.
 #5
 MELBOURNE FL 32935

Name
 CARMEN LOPEZ BRIGHT

Street Address (P.O. Box Number is Not Acceptable)
 1117 PINELLAS BAYWAY #402

City
 TERRA VERDE FL Zip Code
 33715

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

Carmen Lopez Bright CARMEN L. BRIGHT

4/21/00

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 DP
 LOPEZ, CARMEN E.
 2630 PARK PLACE BLVD. #5
 MELBOURNE FL ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D/P
 CARMEN LOPEZ BRIGHT
 1117 PINELLAS BAYWAY #402
 TERRA VERDE, FL 33715 ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

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TITLE
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 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

Carmen Lopez Bright CARMEN L. BRIGHT

Date

4/21/00

Daytime Phone #

321-
 254-0171

CR2E034 (9/99)