

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90099 017 ***150.00

DOCUMENT # P00000058666

1. Entity Name
FLEISCHMANN MARKETING SERVICES, INC.

Principal Place of Business
**6450 THOMAS STREET
 HOLLYWOOD FL 33024**

Mailing Address
**6450 THOMAS STREET
 HOLLYWOOD FL 33024**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6450 Thomas St

3. Mailing Address
6450 Thomas St

Suite, Apt. #, etc.
N/A

Suite, Apt. #, etc.
N/A

City & State
Hollywood, FL

City & State
Hollywood, FL

4. FEI Number
65-102-0541 Applied For
 Not Applicable

Zip
33024

Country
USA

Zip
33024

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

**FLEITES, ALDO L
 6450 THOMAS STREET
 HOLLYWOOD FL 33024**

Name **ALDO L FLEITES**
 Street Address (P.O. Box Number is Not Acceptable)
6450 THOMAS ST
 City **Hollywood** **FL** Zip Code **33024**

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 *Aldo L Fleites* DATE **5/1/01**
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.
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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLEITAS, ALDO L	NAME	
STREET ADDRESS	6450 THOMAS STREET	STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33024	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	

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, 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 an other like empowered.

SIGNATURE: *Aldo L Fleites* DATE **5/1/01** **954-989-6579**
Signature and typed or printed name of signing officer or director. Daytime Phone #

CR2E034 (10/00)