

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2001 8:00 am**  
**Secretary of State**

03-12-2001 90499 037 \*\*\*150.00

DOCUMENT # P96000086903

1. Entity Name  
**CEMETERY MARKETING, INC.**

Principal Place of Business 5965 SW 100 ST MIAMI FL 33156 US	Mailing Address 5965 SW 100 ST MIAMI FL 33156 US
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2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	65-0709169	Applied For	<input type="checkbox"/>
		Not Applicable	<input type="checkbox"/>
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	<input type="checkbox"/>

6. Name and Address of Current Registered Agent

**COBER CORPORATE AGENTS**  
2601 S BAYSHORE DR 19TH FLOOR  
MIAMI FL 33133

7. Name and Address of New Registered Agent

Name: **AMERICAN INFORMATION SERVICES**  
Street Address (P.O. Box Number is Not Acceptable):  
**1 S.E. 3RD AVENUE**  
**27th FLOOR**  
City: **MIAMI** FL **FL** Zip Code: **33137**

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: *[Signature]* DATE: **3/6/01**

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.  (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

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MASPONS, MIGUEL A</b>	
STREET ADDRESS	<b>5965 SW 100 ST</b>	
CITY-ST-ZIP	<b>MIAMI FL 33156</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ERIC MASPONS</b>	
STREET ADDRESS	<b>6510 CASTAEDA ST.</b>	
CITY-ST-ZIP	<b>CORAL GABLES, FL 33146</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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 information.

SIGNATURE: *[Signature]* DATE: **3/6/01** DAYTIME PHONE #: **305-375-XXXX**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)

Attachment Doc# P96000086903

20831

ATTACHMENT TO 2001 UNIFORM BUSINESS REPORT (UBR)

Entity: CEMTERY MARKETING, INC.  
Document # P96000086903

Please make the following changes:

7. Name and Address of New Registered Agent

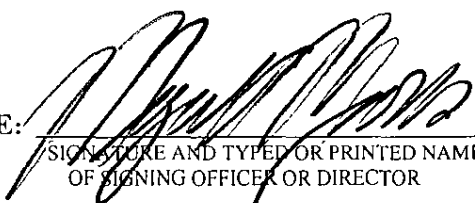
please add "Inc." to the New Registered Agent, as follows:

Name: American Information Services, Inc.

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

D  
ERIC MASPONS  
6510 CASTANEDA ST  
CORAL GABLES, FL 33146

SIGNATURE:



SIGNATURE AND TYPED OR PRINTED NAME  
OF SIGNING OFFICER OR DIRECTOR

4/10/01

DATE

305-982-5614

DAYTIME PHONE #

PRINT NAME:

MIGUEL A. MASPONS