

# 2001 UNIFORM BUSINESS REPORT (UBR)

10/2

DOCUMENT #

999000069515

1. Entity Name

24 x 7 Marketing, Inc.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
01 DEC 12 PM 12:14

Principal Place of Business

Mailing Address

3580 NE 12th Avenue  
Ft. Lauderdale, FL 33334

Same.

2. Principal Place of Business

3580 NE 12th Avenue

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Ft. Lauderdale FL

City & State

4. FEI Number

65 0940388

Applied For

Not Applicable

Zip

Country

Zip

Country

33334

Broward

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

Clive Horwitz  
3580 NE 12th Avenue  
Ft. Lauderdale, FL 33334

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

Clive Horwitz

12/10/01

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  
MR  
CLIVE HORWITZ  
3580 NE 12th Avenue  
Ft. Lauderdale, FL 33334

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
700004735897-010  
-12/21/01--01027--010  
\*\*\*\*150.00 \*\*\*\*150.00

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

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☐ Change ☐ Addition

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CLIVE HORWITZ

Date

12/10/01

Daytime Phone #

954-537-5331

CR2E034 (11/00)

- Please Do Not Remove -

2



PROMOTING YOUR BUSINESS...ALL THE TIME!

To Whom It May Concern:

I received the Administrative revocation in the mail last week. I sincerely hope that you can overlook the error of not having paid the fee, due to our not receiving the notice of payment.

Enclosed is a check for \$150.

I trust you can assist us in these trying times and reinstate the corporation.

Thanking you,

A handwritten signature in black ink, appearing to read 'Clive Horwitz', written over a horizontal line.

Clive Horwitz  
President  
24x7 Marketing, Inc.

