

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90219 033 ***150.00

DOCUMENT # P96000005442

1. Entity Name
MARKETING LIAISONS INC.



Principal Place of Business
1445 N.E. 17TH AVENUE
FORT LAUDERDALE FL 33304

Mailing Address
1445 N.E. 17TH AVENUE
FORT LAUDERDALE FL 33304

2. Principal Place of Business

3. Mailing Address

2757 NE 34 ST

2757 NE 34 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

FL Land FL

FL Land FL

33306

Country

USA

33306

Country

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0640191**

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

FOTI, VINCENT F
1445 N.E. 17TH AVENUE
FORT LAUDERDALE FL 33304

Name

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

2757 NE 34 ST

City

FL Land

FL

Zip Code

33306

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

VINCENT FOTI, President

4-4-03

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ **Delete**
NAME **FOTI, VINCENT F**
STREET ADDRESS **1445 N.E. 17TH AVENUE**
CITY-ST-ZIP **FORT LAUDERDALE FL 33304**

☒ **Change** ☐ **Addition**
TITLE
NAME
STREET ADDRESS **2757 NE 34 ST.**
CITY-ST-ZIP **FL Land, FL 33306**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ **Change** ☐ **Addition**
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CITY-ST-ZIP

TITLE ☐ **Delete**
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CITY-ST-ZIP

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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

VINCENT FOTI, Pres. 4-4-03 954 817-9901

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)