

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90537 004 ***150.00

DOCUMENT # 696387

1. Entity Name

CLUB MARKETING AND SALES, INC.

Principal Place of Business

**2900 NW 109 AVE
 MIAMI FL 33172
 US**

Mailing Address

**2900 NW 109 AVE
 MIAMI FL 33172
 US**

B0034447



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2826356

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**VIVES, MARIO
 2900 NW 109 AVE
 MIAMI FL 33172**

7. Name and Address of New Registered Agent

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

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, 2002 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

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|--|---|
| TITLE | NAME | TITLE | NAME |
| <input type="checkbox"/> Delete | PSD VIVES, MARIO 2900 NW 109 AVE MIAMI, FL 00000 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| <input type="checkbox"/> Delete | D MON, JOSE 1046 SW 71ST CT. MIAMI, FL 00000 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| <input type="checkbox"/> Delete | VPTD GREEN, THOMAS A 2900 NW 109 AVENUE MIAMI FL 33172 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| <input type="checkbox"/> Delete | D CARLIN, DONALD 3350 SOUTH DIXIE HIGHWAY MIAMI FL | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| <input checked="" type="checkbox"/> Delete | D ORTIZ, ROLANDO 2900 NW 109 AVENUE MIAMI FL 33172 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | D RUDY GONZALEZ 3620 N.W. 22 AVENUE MIAMI FL 33142 |
| <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> 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

Mario Vives 04-24-02 305-640-2440

Date

Daytime Phone #

CR2E034 (9/01)