

2002 UNIFORM BUSINESS REPORT (UBR)

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

02-12-2002 90054 004 ***158.75

DOCUMENT # F00000005904

1. Entity Name
LCM MARKETING CORP.

Principal Place of Business

1010 FRANKLIN AVE
SUITE 410
GARDEN CITY NY 11530

Mailing Address

1010 FRANKLIN AVE
SUITE 410
GARDEN CITY NY 11530

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

11-3305912

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KOON, DAVID
1206 WESTLEY ST
SAFETY HARBOR FL 34695

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

TITLE	P	<input type="checkbox"/> Delete
NAME	MAZZIOTTI, CHARLES	
STREET ADDRESS	1010 FRANKLIN AVE SUITE 410	
CITY-ST-ZIP	GARDEN CITY NY 11530	
TITLE	V	<input type="checkbox"/> Delete
NAME	WAGNER, JOHN	
STREET ADDRESS	237 BEACH 116TH ST	
CITY-ST-ZIP	ROCKAWAY PK NY 11694	
TITLE	S	<input type="checkbox"/> Delete
NAME	GOLDSTEIN, LOIS	
STREET ADDRESS	6330 AVE N	
CITY-ST-ZIP	BROOKLYN NY 11234	
TITLE	V	<input type="checkbox"/> Delete
NAME	KINDLER, SERGIO	
STREET ADDRESS	6330 AVE N	
CITY-ST-ZIP	BROOKLYN NY 11236	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 empowered.

SIGNATURE:

[Signature] **PRESIDENT**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 8, 2002
 Date

800 526 1124
 Daytime Phone #

CR2E034 (9/01)