

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

02-14-2003 90230 007 ***150.00

DOCUMENT # F02000001316

1. Entity Name

UNITED SALES & MARKETING LTD. INC.



Principal Place of Business

**C/O NEWMARK LAMB MONAGHAN & MARCHISIO, LLP
150 WEST 55TH STREET
NEW YORK NY 10019**

Mailing Address

**C/O NEWMARK LAMB MONAGHAN & MARCHISIO, LLP
150 WEST 55TH STREET
NEW YORK NY 10019**

2. Principal Place of Business

**40 Elmont Rd.
Suite, Apt. #, etc.**

3. Mailing Address

**40 Elmont Rd.
Suite, Apt. #, etc.**

City & State

Elmont N.Y.

City & State

Elmont N.Y.

4. FEI Number

11-3535911

Applied For

Not Applicable

Zip

11003

Country

USA

Zip

11003

Country

USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**PARALEGAL ATTORNEY SERVICE BUREAU, INC.
1406 HAYS STREET, #2
TALLAHASSEE FL FL**

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

Anthony Leone
Signature of registered agent and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/16/03

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

TITLE	PCD	<input type="checkbox"/> Delete
NAME	LE PORIN, MICHAEL	
STREET ADDRESS	1 BROTHERS COURT	
CITY-ST-ZIP	DX HILLS NY 11746	
TITLE	STD	<input type="checkbox"/> Delete
NAME	LEONE, ANTHONY	
STREET ADDRESS	5 CANNONADE DRIVE	
CITY-ST-ZIP	MARLBORO NJ 07746	
TITLE	AS	<input type="checkbox"/> Delete
NAME	MARCHISIO, JUVENAL L	
STREET ADDRESS	150 WEST 55TH STREET, A-G	
CITY-ST-ZIP	NEW YORK NY 10019	
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		

11. 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
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:

Anthony Leone
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/16/03

CR2003 (10/02)