

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90003 027 ***150.00

DOCUMENT # F26472

1. Entity Name
NATIONWIDE MARKETING AND MANAGEMENT CORPORATION

Principal Place of Business

**4891 NW 103 AVE
 18
 SUNRISE FL 33351**

Mailing Address

**P.O. BOX 450987
 18
 SUNRISE FL 33345-0987**

00096372



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10825 NW 29TH MANOR

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

3

City & State

SUNRISE, FL

City & State

4. FEI Number

59-2092721

Applied For

Not Applicable

Zip

Country

Zip

Country

33322-1023

USA

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

GORDON, HARRY

**10825 NW 29TH MANOR UNIT 3
 SUNRISE FL 33322**

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 **HARRY GORDON**

04-22-2002

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 **PD** ☐ Delete
 NAME **GORDON, HARRY**
 STREET ADDRESS **10825 NW 29TH MANOR UNIT 3**
 CITY-ST-ZIP **SUNRISE FL 33322**

TITLE **V-P & SECY** ☐ Change ☒ Addition
 NAME **GORDON, LUZ M.**
 STREET ADDRESS **10825 NW 29 MANOR UNIT 3**
 CITY-ST-ZIP **SUNRISE, FL 33322**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP** ☐ Change ☒ Addition
 NAME **GORDON, JILL B.**
 STREET ADDRESS **1210 NW 46 PLACE**
 CITY-ST-ZIP **POMPANO BEACH, FL 33064**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-22-2002 (954) 742-0966

Date

Daytime Phone #

CR2E034 (9/01)