

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 14, 2001 8:00 am**  
**Secretary of State**

08-14-2001 90010 027 \*\*\*158.75

0065139 AV

**DOCUMENT # F99000000057**

1. Entity Name

**RECIPROCAL MARKETING SOURCES, INC.**

Principal Place of Business

**19501 E COUNTRY CLUB DR  
 101  
 AVENTURA FL 33180**

Mailing Address

**19501 E COUNTRY CLUB DR  
 101  
 AVENTURA FL 33180**

2. Principal Place of Business

**451 SW 5th Ave**

Suite, Apt. #, etc.

3. Mailing Address

**451 SW 5th**

Suite, Apt. #, etc.

City & State

**Fort Lauderdale, FL**

Zip

**33315**

Country

**USA**

City & State

**Ft. Lauderdale, FL**

Zip

**33315**

Country

**US**

4. FEI Number

**13-3643572**

Applied For

**Not Applicable**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**SILVER, PERRY**

**19501 EAST COUNTRY CLUB DRIVE**

**SUITE 101**

**AVENTURA FL 33180**

7. Name and Address of New Registered Agent

Name

**Perry Silver**

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

**451 SW 5th Ave**

City

**Ft. Lauderdale**

**FL**

Zip Code

**33315**

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 **Perry Silver**

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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

TITLE **PDCS** ☐ Delete  
 NAME **SILVER, PERRY**  
 STREET ADDRESS **19501 E COUNTRY CLUB DR #101**  
 CITY-ST-ZIP **AVENTURA FL 33180**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
 NAME **Perry Silver**  
 STREET ADDRESS **451 SW 5th Ave**  
 CITY-ST-ZIP **Ft. Lauderdale, FL 33315**

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

TITLE ☐ Change ☐ Addition  
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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

Date

Daytime Phone #

CR2E034 (5/01)

**8/11/01 954-828-9750**