

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2001 8:00 am
Secretary of State

01-24-2001 90019 039 ***150.00

DOCUMENT # G27074

1. Entity Name
MART MARKETING INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
% SY MAZOFF
150 S. UNIVERSITY DR. SUITE F
PLANTATION FL 33324

Mailing Address
150 S UNIVERSITY DR
SUITE F
PLANTATION FL 33324
US

2. Principal Place of Business
% SY MAZOFF
 Suite, Apt. #, etc.
100 PINE ISLAND RD SUITE 148

3. Mailing Address
100 PINE ISLAND RD
 Suite, Apt. #, etc.
SUITE 148

City & State
PLANTATION FL.

City & State
PLANTATION FL.

Zip
33324

Country
USA

Zip
33324

Country
USA

4. FEI Number **59-2260367**

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
MAZOFF, SY
4945 NW 82 AVENUE
LAUDERHILL FL 33319

7. Name and Address of New Registered Agent
 Name **S. MAZOFF**
 Street Address (P.O. Box Number is Not Acceptable)
8150 91 TERRACE
 City **PLANTATION** FL Zip Code **33324**

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 _____ (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, 2001 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	<input checked="" type="checkbox"/> Delete	TITLE	CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAZOFF, SY		NAME	MAZOFF, S.	
STREET ADDRESS	150 S UNIVERSITY DR		STREET ADDRESS	100 PINE ISLAND RD.	
CITY-ST-ZIP	PLANTATION FL		CITY-ST-ZIP	PLANTATION FL. 33324 SUITE 148	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: **S. MAZOFF** 1-11-01 954 370-0544

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)