

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 01, 2000 8:00 am**  
**Secretary of State**

03-01-2000 90039 007 \*\*\*150.00

68027694



DO NOT WRITE IN THIS SPACE

**DOCUMENT # G89069**

1. Entity Name

**U.S. MARKETING AGENCIES, INC.**

Principal Place of Business

Mailing Address

**4900 N OCEAN BLVD  
APT 416  
FT. LAUDERDALE FL 3308  
US**

**SOTOMAYOR  
4900 N. OCEAN DR #416  
FT. LAUDERDALE FL 33308-2931  
US**

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

**59-2662773**

Applied For

Not Applicable

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

**BEDOYA, MARIA ELENA  
4900 N. OCEAN DR #416  
FT. LAUDERDALE FL 33308**

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, 2000 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	VPD	<input type="checkbox"/> Delete
NAME	SOTOMAYOR, MANUEL F	
STREET ADDRESS	4900 N OCEAN BLVD, #416	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SOTOMAYOR, CARLOS A	
STREET ADDRESS	4900 N OCEAN BLVD, #416	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BEDOYA, MARIA ELENA	
STREET ADDRESS	4900 N OCEAN DR #416	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Maria Elena Bedoya  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/00 (954) 9466326  
Date Daytime Phone #

CR2E034 (9/99)