2001 UNIFORM BUSINESS REPORT (UBR) Feb 28, 2001 8:00 am DOCUMENT # **G89069** Secretary of State U.S. MARKETING AGENCIES, INC. 02-28-2001 90095 021 ***150.00 Mailing Address Principal Place of Business 4900 N OCEAN BLVD SOTOMAYOR 4900 N. OCEAN DR #416 **APT 416** FT. LAUDERDALE FL 3308 FT. LAUDERDALE FL 33308 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State 59-2662773 X Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BEDOYA, MARIA ELENA Street Address (P.O. Box Number is Not Acceptable) 4900 N. OCEAN DR #416 FT. LAUDERDALE FL 33308 Zip Code FL 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 site if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (10/00) VPD Delete TITLE SOTOMAYOR, MANUEL F NAME NAME STREET ADDRESS STREET ADDRESS 4900 N OCEAN BLVD, #416 CITY-ST-ZIP CITY-ST-7IP FT LAUDERDALE FL ☐ Delete ☐ Change Addition TITLE SOTOMAYOR, CARLOS A NAME NAME STREET ADDRESS STREET ADDRESS 4900 N OCEAN BLVD, #416 CITY-ST-ZIP CITY-SY-ZIP FT LAUDERDALE FL ☐ Change Addition ☐ Defete TITLE TITLE BEDOYA, MARIA ELENA NAME STREET ADDRESS 4900 N OCEAN DR #416 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL ☐ Delete TITI F Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Delete TITLE Сhапде TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition **fITLE** ☐ Delete TITLE NAME NAME STREET ADDRESS 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: