

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT. (UBR)**

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90112 018 ***150.00

DOCUMENT #

G89069

1. Entity Name

U.S. Marketing Agencies, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4900 N Ocean Blvd

3. Mailing Address

4900 N. Ocean Blvd

Suite, Apt. #, etc.

416

Suite, Apt. #, etc.

416

City & State

FT Lauderdale FL

City & State

FT Lauderdale, FL

4. FEI Number

592662773

Applied For

Not Applicable

Zip

33308

Country

USA

Zip

33308

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

MARIA ELENA SOTOMAYOR

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

4900 N. OCEAN BLVD.

416

City

FT Lauderdale

FL

Zip Code

33308

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

Maria Elena Sotomayor

4/9/02

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)

January 1 May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 NAME STREET ADDRESS CITY-ST-ZIP	<i>PRESIDENT CARLOS A. SOTOMAYOR 4900 N. Ocean Blvd # 416 FT Land. FL 33308</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>VICE PRESIDENT MANUEL SOTOMAYOR 4900 N. OCEAN BLVD # 416 FT Land. FL 33308</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>SECRETARY MARIA ELENA SOTOMAYOR 4900 N. OCEAN BLVD. # 416 FT Lauderdale FL 33308</i>
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Maria Elena Sotomayor

4/9/02

9549466321

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)