

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 09, 2000 8:00 am
Secretary of State

03-09-2000 90091 031 ***150.00

DOCUMENT # G94258

1. Entity Name

MARKETING MAGIC, INC.

Principal Place of Business

Mailing Address

2701 W OAKLAND PARK BLVD
 SUITE 300
 FT. LAUDERDALE FL 33311
 US

2701 W. OAKLAND PARK BLVD.
 SUITE 300
 FT. LAUDERDALE FL 33020-1501
 US

2. Principal Place of Business

2830 N. 28 Terrace

Suite, Apt. #, etc.

3. Mailing Address

2830 N. 28 Terrace

Suite, Apt. #, etc.

City & State

Hollywood, FL

Zip

33020

Country

USA

City & State

Hollywood, FL

Zip

33020

Country

USA

4. FEI Number

59-2520400

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

MARK, JON J.

**2701 WEST OAKLAND PARK BLVD.
 SUITE 300
 FT. LAUDERDALE FL 33311**

Name

Mark, Jon J.

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

2830 N. 28 Terrace

City

Hollywood

FL

Zip Code

33020

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	PD	<input type="checkbox"/> Delete
NAME	MARK, JON J.	
STREET ADDRESS	980 S.W. 70TH AVENUE	
CITY-ST-ZIP	PLANTATION FL	
TITLE	VSD	<input checked="" type="checkbox"/> Delete
NAME	MARK, CAROL L.	
STREET ADDRESS	980 S.W. 70TH AVENUE	
CITY-ST-ZIP	PLANTATION FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ROSE, BOB	
STREET ADDRESS	3300 NE 192ND ST #1506	
CITY-ST-ZIP	AVENTURA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CFR2E034 (9/99)