2000 UNIFORM BUSINESS REPORT (UBR)

Mailing Address

DOCUMENT # H01273

1. Entity Name

Principal Place of Business

A. & S. MARKETING, INC.

% ALLAN J. KAPLAN % ALLAN J. KAPLAN 9720 SW 120TH ST 9720 SW 120TH ST MIAMI FL 33176-4902 MIAMI FL 33176 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2411347 Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KAPLAN, ALLAN J. Street Address (P.O. Box Number is Not Acceptable) 9720 SW 120TH ST MIAMI FL 33176 Zip Code City 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) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change TITLE □ Delete KAPLAN, ALLAN J. MAME 9720 SW 120TH ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIE ☐ Change ☐ Addition ☐ Delete TITLE TITLE KAPLAN, SANDRA S. NAME NAME 9720 SW 120TH ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE TALBOT, LESLIE NAME NAME 9720 SW 120TH ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF MIAMI FL Addition ☐ Delete TITLE ☐ Change TITLE STEINBERG, ELISE R NAME NAME

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.

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

☐ Delete

☐ Delete

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

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CITY-ST-ZIP

CITY-ST-7IP

CITY-ST-7IE

TITLE

NAME

TITLE

NAME

9720 SW 120TH ST

MIAMI FL 33176

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICEROR DIRECTOR

ALLAN J. KAPLAN

4/26/00

Date Daytime Phone #

Change

☐ Change

☐ Addition

☐ Addition

FILED

May 17, 2000 8:00 am Secretary of State

05-17-2000 90901 031 ***150.00