2000 UNIFORM BUSINESS REPORT (UBR) **FILED DOCUMENT # J95390** UNITED STATES OF AMERICA MARKETING CORPORATION

Mailing Address 9858 GLADES ROAD

3. Mailing Address

City & State

Suite, Apt. #, etc.

BOCA RATON FL 33434-3983

SUITE 183

May 02, 2000 8:00 am Secretary of State

05-02-2000 90104 036 ***150.00

DO NOT WRITE IN THIS SPACE	E			
FEI Number 65-0078506	Applied For			
00-0076000	Not Applicable			
	\$8.75 Additional Fee Required			
Name and Address of New Registered Agent				
Box Number is Not Acceptable)	<u></u>			

	L					ot Applicable	
Zip ·	Country	Zìp	Country	5. Certificate of Status Desired	\$8.75 Add		
. ———	6. Name and Address of Current Re	gistered Agent	<u> </u>	7. Name and Address of New Reg	sistered Agent		
			Name				
ROSENBERG, SAMUEL 9858 GLADES RD # 183			Street Addres	Street Address (P.O. Box Number is Not Acceptable)			
BOC	CA RATON FL 33434						
			City		FL Zip Cod	le	
8. The above	named entity submits this statement for the	ne purpose of changing its	registered office or regis	tered agent, or both, in the State of Flori	da.		
				;			
SIGNATURE .	Signature, typed or printed name of registered agent and	title if applicable. (NOTE	: Registered Agent signature requ	sired when reinstating)	DATE		
Tax filing r	oration is eligible to satisfy its Intangible requirement and elects to do so.	After MAY 1, 20	!! FEE IS \$150.00 00 Fee will be \$550.0 le to Department of S	1 II II II II CONLIDUIUII.		00 May Be d to Fees	
11.	OFFICERS AND DI	RECTORS	12.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTOR		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ROSENBERG, SAMUEL 9858 GLADES RD #183	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition	
TITLE NAME STREET ADDRESS	BOCA RATON FL	☐ Delete	TITLE NAME STREET ADDRESS		☐ Change	Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ Oelete	CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ Change	Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		. Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition	
	I						

13. I hereby certify that the information supplied with this filling 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 expowered.

Principal Place of Business

2. Principal Place of Business

9858 GLADES ROAD

BOCA RATON FL 33434

Suite, Apt. #, etc.

City & State

SUITE 183