

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **K84172**

1. Entity Name
PROMOTIONS FOR PROFIT, INC.

Principal Place of Business
**16017 BRIER CREEK DRIVE
DELRAY BEACH FL 33446**

Mailing Address
**16017 BRIER CREEK DRIVE
DELRAY BEACH FL 33446**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0117268**

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

**KREEGER, JUDITH L.
44 W. FLAGLER ST
SUITE 1725
MIAMI FL 33130**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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, 2002 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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTS
FRIEDMAN, DOROTHY C
17224 NORTHWAY CIRCLE
BOCA RATON FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTS
FRIEDMAN, DOROTHY C.
16017 BRIER CREEK DR
DELRAY BEACH, FL 33446** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: **Dorothy C. Friedman**

1-3-02 561-865-4481

FILED
Jan 08, 2002 8:00 am
Secretary of State

01-08-2002 90027 013 ***150.00



DO NOT WRITE IN THIS SPACE

AV 658/830

CR2E034 (9/01)