

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 17, 2002 8:00 am**  
**Secretary of State**

07-17-2002 90138 020 \*\*\*\*55.00

**DOCUMENT # L01000007744**

1. Entity Name  
**RESPONSE EDGE MARKETING GROUP, LLC**

Principal Place of Business  
**16300 NE 19TH AVE., STE. 253  
NORTH MIAMI BEACH FL 33162**

Mailing Address  
**16300 NE 19TH AVE., STE. 253  
NORTH MIAMI BEACH FL 33162**

2. Principal Place of Business

Suite, Apt. #, etc.  
**UNIT A**

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

**LEWIS, WILLIAM C JR.  
9350 SOUTH DIXIE HWY., STE 1550  
MIAMI FL 33156**

7. Name and Address of New Registered Agent

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
SILVA, ANA PAULA  
2451 BRICKELL AVE., APT. 3B  
MIAMI FL 33129**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
WANCIER, SALOMON  
1400 WEEPING WILLOW WAY  
HOLLYWOOD FL 33019**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**7/8/02**

**305.555.1801**

CR2E083 (9/01)