

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L97200

1. Entity Name

STEPHENSON MERCHANDISING & MARKETING INC.

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

05-09-2000 90034 015 ***150.00

Principal Place of Business

Mailing Address

~~15476 NW 77TH CT~~

~~STE 314~~

~~MIAMI LAKES FL 33016~~

~~US~~

~~15476 NW 77TH CT~~

~~STE 314~~

~~MIAMI LAKES FL 33016-5823~~

~~US~~

2. Principal Place of Business

20535 N.W. 2nd Avenue

3. Mailing Address

20535 N.W. 2nd Avenue

Suite, Apt. #, etc.

Suite #207

Suite, Apt. #, etc.

Suite #207

City & State

Miami, FL

City & State

Miami, FL

Zip

33169

Country

U.S.

Zip

33169

Country

U.S.



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0230326

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

STEPHENSON, DINAH S.

~~10 FAIRWAY DR~~

~~STE #211~~

~~DEERFIELD BEACH FL 33441~~

Name

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

20535 N.W. 2nd Avenue

Suite #207

City

Miami

FL

Zip Code
33169

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 ☐ Delete
NAME DP
STREET ADDRESS ~~15476 NW 77TH CT #314~~
CITY-ST-ZIP ~~MIAMI LAKES FL 33016~~

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 20535 N.W. 2nd Avenue, Suite #207
CITY-ST-ZIP Miami, FL 33169

TITLE ☐ Delete
NAME DTSV
STREET ADDRESS ~~15476 NW 77TH CT #314~~
CITY-ST-ZIP ~~MIAMI LAKES FL 33016~~

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 20535 N.W. 2nd Avenue, Suite #207
CITY-ST-ZIP Miami, FL 33169

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Dinah S. Stephenson, V.P.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/00
Date

561-496-3778
Daytime Phone #

CR2E034 (9/99)