

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90925 037 ***150.00

757995



DO NOT WRITE IN THIS SPACE

DOCUMENT # M30866

1. Entity Name
B AND B MARKETING ENTERPRISES, INC.

Principal Place of Business

2650 GREENWOOD TERRACE G-118
 BOCA RATON FL 33431
 US

Mailing Address

297 DEL RIO BLVD.
 BOCA RATON FL 33432
 US **NEW**

2. Principal Place of Business

910 NE 2nd STREET
 Suite, Apt. #, etc.
UNIT C

3. Mailing Address

910 NE 2nd Street
 Suite, Apt. #, etc.
UNIT C

City & State
Deerfield Beach FL
 Zip
33441
 Country
USA

City & State
Deerfield Beach FL
 Zip
33441
 Country
USA

4. FEI Number **65-0027231**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

HUTCHISON, KENNETH D.
3000 NORTH FEDERAL HIGHWAY #2
FT LAUDERDALE FL 33306

7. Name and Address of New Registered Agent

Name **R. Amy Blum**
 Street Address (P.O. Box Number is Not Acceptable)
2499 GLADES ROAD Suite 101
 City **BOCA RATON** **FL** Zip Code **33431**

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 *R. Amy Blum* **R. Amy Blum** **4/24/01**
 Signature, typed or printed name of registered agent, and date 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, 2001 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAVID, BERNARD 2650 GREENWOOD TERR. G118 BOCA RATON FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD DAVID, DANIELA GRAZZINI 2650 GREENWOOD TERR. G118 BOCA RATON FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *R. David*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/01
 Date Daytime Phone #

CR2E034 (10/00)