2001 UNIFORM BUSINESS REPORT (UBR)

Apr 23, 2001 8:00 am Secretary of State DOCUMENT # M61561 1. Entity Name A & V MARKETING GROUP, INC. 04-23-2001 90236 044 ***158.75 Principal Place of Business Mailing Address 6590 W. ROGERS CR. 6590 W. ROGERS CR. 00051107 **BOCA RATON FL 33487 BOCA RATON FL 33487** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4, FEI Number 65-0016327 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ALBERTS, MARVIN C. Street Address (P.O. Box Number is Not Acceptable) 9822 NW 18TH ST CORAL SPRINGS FL 33071 Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. MICHAZL ALBZAIS Change TITLE Defete TITLE ALBERTS, MARVIN C. NAME NAME 12030 N W SOTH DRIVE STREET ADDRESS STREET ADDRESS 9822 NW 18TH ST CORDL JERINGS - FL -33076 CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL 3307 | Delete TITLE TITLE ' NAME. ALBERTS, KATHLEEN NAME STREET ADDRESS STREET ADDRESS 9822 NW 18TH ST CITY-ST-ZIP CITY-ST-ZIP **CORAL SPRINGS FL** TITLE Change ☐ Addition VILLANI, GABI NAME NAME STREET ADDRESS 19701 NW 7TH CT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33169** TITLE ☐ Delete Change Addition NAME_ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.