

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90305 041 ***158.75

DOCUMENT # M61561

1. Entity Name
A & V MARKETING GROUP, INC.

Principal Place of Business

6590 W. ROGERS CR.
#6
BOCA RATON FL 33487

Mailing Address

6590 W. ROGERS CR.
#6
BOCA RATON FL 33487



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9660 W. JAMES RD
Suite, Apt. #, etc.
#104

3. Mailing Address

9660 W. JAMES RD
Suite, Apt. #, etc.
#104

City & State

CORAL SPRINGS, FL.

Zip
33065

Country

USA

City & State

CORAL SPRINGS, FL.

Zip

33065

Country

USA

4. FEI Number

65-0016327

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALBERTS, MARVIN C.
9822 NW 18TH ST
CORAL SPRINGS FL 33071

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], PRES. **M. C. ALBERTS** **4/13/02**

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

TITLE	PS	<input type="checkbox"/> Delete
NAME	ALBERTS, MARVIN C.	
STREET ADDRESS	9822 NW 18TH ST	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	ALBERTS, KATHLEEN	
STREET ADDRESS	9822 NW 18TH ST	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	V	<input type="checkbox"/> Delete
NAME	ALBERTS, MICHAEL	
STREET ADDRESS	12030 N W 50TH DRIVE	
CITY-ST-ZIP	CORAL SPRINGS FL 33076	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALBERTS, MICHAEL
STREET ADDRESS	12030 N. W. 50TH DRIVE
CITY-ST-ZIP	CORAL SPRINGS, FL 33076
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/02

Date

Daytime Phone #

954-227-4666

CR2E034 (9/01)