

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90077 013 ****61.25

DOCUMENT # N98000007392

1. Entity Name

SOUTH FLORIDA MCDONALD'S MARKETING ASSOCIATION, INC.

Principal Place of Business

5200 TOWN CENTER CIRCLE
 STE 600
 BOCA RATON FL 33486

Mailing Address

8390 NW 53 STREET
 STE 314
 MIAMI FL 33166

2. Principal Place of Business

2929 N. UNIVERSITY DR

Suite, Apt. #, etc.

107

City & State

CORAL SPRINGS FL

Zip

33065

Country

BROWARD

3. Mailing Address

2929 N. UNIVERSITY DR

Suite, Apt. #, etc.

107

City & State

CORAL SPRINGS FL

Zip

33065

Country

BROWARD



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0549581

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HART, BRIAN A
 1700 SUN TRUST INTERNATIONAL CENTER
 ONE SOUTHEAST THIRD AVE.
 MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

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

2601 South Bayshore DR St# 1600

City Miami,

FL

Zip Code 33133

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 \$61.25

9. Election Campaign Financing

Trust Fund Contribution.

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\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
 NAME DRESNICK, JIMMIE
 STREET ADDRESS 12257 SW 129 COURT
 CITY-ST-ZIP MIAMI FL 33186

☒ Delete

TITLE VD
 NAME ADAMS, MIKE
 STREET ADDRESS 1023 5TH AVE N
 CITY-ST-ZIP NAPLES FL 33942

☒ Delete

TITLE ST
 NAME WELLS, BRENDA
 STREET ADDRESS 10951 NW 35 STREET
 CITY-ST-ZIP POMPANO BEACH FL 33071

☐ Delete

TITLE TD
 NAME MENEDEZ, PETE
 STREET ADDRESS 8390 NW 53 STREET, #314
 CITY-ST-ZIP MIAMI FL 33166

☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
 NAME MARK WATSON
 STREET ADDRESS 880 JUPITER PARK DR
 CITY-ST-ZIP Jupiter FL 33468

☒ Change ☐ Addition

TITLE VD
 NAME Jim Booth
 STREET ADDRESS 9006 INDIAN TOWN RD #315
 CITY-ST-ZIP Jupiter FL 33477

☒ Change ☐ Addition

TITLE TD
 NAME BRENDA WELLS
 STREET ADDRESS 2929 N. UNIVERSITY DR #107
 CITY-ST-ZIP CORAL SPRINGS FL 33065

☒ Change ☐ Addition

TITLE ST
 NAME Martin Silbernik
 STREET ADDRESS 6856 EXTRADA PL
 CITY-ST-ZIP Boca Raton, FL 33433

☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Brenda Wells
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-02

954 344 2858

Date

Daytime Phone #

CR2E037 (9/01)