

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2001 8:00 am
Secretary of State
 04-07-2001 90030 005 ***158.75

0153091

DOCUMENT # P00000002823

1. Entity Name

Y3K MARKETING SERVICES, INC.

Principal Place of Business

Mailing Address

G/O MARC H. AUERBACH ESQ.
201 S. BISCAYNE BLVD., 20TH FLOOR
MIAMI FL 33131

G/O MARC H. AUERBACH ESQ.
201 S. BISCAYNE BLVD., 20TH FLOOR
MIAMI FL 33131

2. Principal Place of Business

540 Brickell Key Dr.

3. Mailing Address

540 Brickell Key

Suite, Apt. #, etc.

701

Suite, Apt. #, etc.

701

City & State

Miami, FL

City & State

Miami, FL

Zip

33131

Country

U.S.A

Zip

33131

Country

U.S.A

4. FEI Number

65-0998033

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

AUERBACH, MARC H ESQ.
201 S. BISCAYNE BLVD., 20TH FLOOR
MIAMI FL 33131

Name

Laura Rangel

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

540 Brickell Key Dr.

City

Miami

FL

Zip Code

33131

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

Laura Rangel

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME **D&P**
 STREET ADDRESS **Laura Rangel**
 CITY-ST-ZIP **1111 Brickell Bay Drive, # 1910**
Miami, FL 33131

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 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:

Laura Rangel
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/01
 Date

305-358-9195
 Daytime Phone #

CR2E034 (10/00)