

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000015635

1. Entity Name
INTERNETCHIC MARKETING, INC.

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

05-03-2001 90960 047 ***150.00

Principal Place of Business

**3435 GALT OCEAN DRIVE
FT. LAUDERDALE FL 33308**

Mailing Address

**3435 GALT OCEAN DRIVE
FT. LAUDERDALE FL 33308**

2. Principal Place of Business

2400 W. Cypress Creek Rd

3. Mailing Address

Same as above Business

Suite, Apt. #, etc.

Suite 100

Suite, Apt. #, etc.

Fort Lauderdale FL

City & State

Zip

33309

USA

Country

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GLASSBERG, DAVID M
3435 GALT OCEAN DRIVE
FT. LAUDERDALE FL 33308**

7. Name and Address of New Registered Agent

Name **David Glassberg**
Street Address (P.O. Box Number is acceptable) **2400 W. Cypress Creek Rd**
City **Fort Lauderdale** FL Zip Code **33309**

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

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 **D** ☐ Delete
NAME **PETCHENIK, MITCH**
STREET ADDRESS **3435 GALT OCEAN DRIVE**
CITY-ST-ZIP **FT. LAUDERDALE FL 33308**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **2400 W. Cypress Creek Rd Suite 100**
CITY-ST-ZIP **Fort Lauderdale FL 33309**

TITLE ☐ Change ☒ Addition
NAME **VP**
STREET ADDRESS **Barry Rothman**
CITY-ST-ZIP **2400 W. Cypress Creek Rd, Suite 100**
Fort Lauderdale FL 33309

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

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

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Barry A. Rothman

4/26/01

Date

Daytime Phone #

954 630 0027
954 630 2113

CR2E034 (10/00)