

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2001 8:00 am**  
**Secretary of State**

04-28-2001 90060 045 \*\*\*150.00

0228425

**DOCUMENT # P00000031529**

1. Entity Name

**HCG MARKETING, INC.**

Principal Place of Business

19596 EAST COUNTRY CLUB DRIVE  
 AVENTURA FL 33180

Mailing Address

19596 EAST COUNTRY CLUB DRIVE  
 AVENTURA FL 33180

2. Principal Place of Business

19500 E. Country Club Drive

3. Mailing Address

19500 E. Country Club Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Aventura, Florida

City & State

Aventura, Florida

4. FEI Number

65-0993955

Applied For

Not Applicable

Zip

33180

Country

US

Zip

33180

Country

US

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.**  
**343 ALMERIA AVENUE**  
**CORAL GABLES FL 33134**

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, 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.

**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: PSTD  
 NAME: **GODOFSKY, HOWARD**  Delete  
 STREET ADDRESS: ~~19596 EAST COUNTRY CLUB DRIVE~~  
 CITY-ST-ZIP: **AVENTURA FL 33180**

TITLE:  Delete  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Delete  
 NAME:  
 STREET ADDRESS:  
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TITLE:  Delete  
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 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: PSTD  
 NAME: **Godofsky, Howard**  Change  Addition  
 STREET ADDRESS: **19500 EAST COUNTRY CLUB DR**  
 CITY-ST-ZIP: **AVENTURA, FL 33180**

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

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

TITLE:  Change  Addition  
 NAME:  
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TITLE:  Change  Addition  
 NAME:  
 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: *Howard Godofsky*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-01

Date

(305) 933-1047

Daytime Phone #

Howard Godofsky

CR2E034 (10/00)