## 2001 UNIFORM BUSINESS REPORT (UBR)

## May 18, 2001 8:00 am Secretary of State DOCUMENT # P0000040515 1. Entity Name 04-25-2001 90026 038 \*\*\*150.00 MARKETING & SALES ESSENTIALS, INC. Mailing Address Principal Place of Business 1822 N UNIVERSITY DR 1822 N UNIVERSITY DR PLANTATION FL 33322 PLANTATION FL 33322 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suita, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Numbe City & State -1001325 Not Applicable \$8.75 Additional Zio Country Country 5. Certificate of Status Desired Fee Required .7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent -Name ROSEN, LAWRENCE N Street Address (P.O. Box Number is Not Acceptable) 2925 AVENTURA BLVD SUITE 308 **AVENTURA FL 33180** Zip Code City 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, typed or printed name of registered agent and side if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. CR2E034 (10/00 TITLE TITLE ☐ Delete President Ludwig Heineking NAME NAME mithestrasse 52-54 D-50672 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Koeln Germany Addition ☐ Change ☐ Delete TITLE TITLE Treasurer NAME Georges Firmignac NAME STREET ADDRESS STREET ADDRESS 9291 SW 20 ST CITY-ST-ZIP CITY-SI-7IP Penbroke fines FI ☐: Change Addition TITLE\_\_ Secretary-bennis Alexander ☐ Delete-NAME NAME STREET AODRESS 4312 N 162 AVC STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Omaha. ☐ Change TITLE ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete DTLF NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-718 CITY-ST-ZIP 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 of 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 of the corporation of the receiver or trustee changed, or on an anachment with an addr

4/25.

SIGNATURE:

like empowered.