

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90097 034 ***158.75

DOCUMENT # **P00060085936**

1. Entity Name

OTS Direct Mail and Fulfillment Services, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5800 Miami Lakes Blvd

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Miami Lakes, Florida

City & State

4. FEI Number

22 375 4570

Applied For

Not Applicable

Zip

33014

Country

Zip

Country

5. Certificate of Status Desired

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**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Dermot Murphy

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

5800 Miami Lakes Blvd

City

Miami Lakes

FL

Zip Code

33014

**DO NOT WRITE
IN THIS SPACE**

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 resigning)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 **President**
NAME **Terrie Stonack**
STREET ADDRESS **84-53 Via Reale #3**
CITY-ST-ZIP **Boca Raton FL**

TITLE **Vice President**
NAME **Shirley Deochang**
STREET ADDRESS **2135 Normand Dr.**
CITY-ST-ZIP **Miami Beach FL**

TITLE **Treas**
NAME **Charles Zimmert**
STREET ADDRESS **375 Gables Ave**
CITY-ST-ZIP **Staten Island NY**

TITLE **Secretary**
NAME **Donna Dorech**
STREET ADDRESS **2433 5th Street**
CITY-ST-ZIP **East Meadow NY**

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/02

Date

Daytime Phone #

CR2E034B (12/01)