

# 2001 UNIFORM BUSINESS REPORT (UBR) - 20

**FILED**  
**May 04, 2001 8:00 am**  
**Secretary of State**

05-04-2001 90160 033 \*\*\*150.00

**DOCUMENT # P00000086122**

1. Entity Name

**BROKERS MARKETING ALLIANCE, INC.**

Principal Place of Business

**1281 MYSTIC WAY  
 WELLINGTON FL 33414**

Mailing Address

**1281 MYSTIC WAY  
 WELLINGTON FL 33414**

2. Principal Place of Business

**3300 UNIVERSITY**

3. Mailing Address

**1281 MYSTIC WAY**

Suite, Apt. #, etc.

**SUITE 403**

Suite, Apt. #, etc.

City & State

**CORAL SPRINGS, FL**

City & State

**WELLINGTON, FL**

4. FEI Number

**65-1051751**

Applied For

Not Applicable

Zip

**33065**

Country

**USA**

Zip

**33414**

Country

**USA**

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

**PFEIFFER, R. RANDOLPH  
 1281 MYSTIC WAY  
 WELLINGTON FL 33414**

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.  
 (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  
**PRESIDENT**  
 NAME **LEE BERLIN**  
 STREET ADDRESS **11995 GLENMORE DR**  
 CITY-ST-ZIP **CORAL SPRINGS, FL 33071**

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

TITLE ☐ Delete  
**V.P. & TREASURER**  
 NAME **R. RANDOLPH PFEIFFER**  
 STREET ADDRESS **1281 MYSTIC WAY**  
 CITY-ST-ZIP **WELLINGTON, FL 33414**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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.

**R. RANDOLPH PFEIFFER**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/01

Date

561-791-3676

Daytime Phone #

CR2E034 (10/00)