

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 16, 2002 8:00 am
Secretary of State

07-16-2002 90360 039 ***150.00

DOCUMENT # P01000035209

1. Entity Name

724 MARKETING CORP

Principal Place of Business

**1717 N BAYSHORE DR
 1645
 MIAMI FL 33132
 US**

Mailing Address

**1717 N BAYSHORE DR
 1645
 MIAMI FL 33132
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FEL Number **65-1100833**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NAURAS, JEAN-VINCENT
 1717 N BAYSHORE DR
 1645
 MIAMI FL 33132**

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	P NAURAS, JEAN-VINCENT 1717 N BAYSHORE DR #1645 MIAMI FL 33132	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ABAGGE, SILVIA 1717 N BAYSHORE DR #1645 MIAMI FL 33132	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED

Date

Daytime Phone #

CR2E034 (4/02)

724 MARKETING CORP.
1717 N. BAYSHORE DRIVE.SUITE 1645
MIAMI, FL 33132

Attachment

*# P01000035209
121010*

July 10, 2002

Division of Corporations
UBR Filings
P.O.BOX 1500
Tallahassee, FL 32302-1500

To Whom It May Concern:

This to advice you that this is the first time we are in receipt of Uniform Business Report, we called your office and were told to write a letter stating the reason why it was not send the first time. We are enclosing a check in the amount of \$150.00 to renew the company name.

Thank you,

Silvia Abagge
305-379-5348

[Faint, illegible text at the bottom of the page, possibly a carbon copy or bleed-through from the reverse side.]