

FILED  
May 02, 2003 8:00 am  
Secretary of State

05-02-2003 90361 042 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000064803

1. Entity Name  
**MARKET ADVANTAGE, INC.**



Principal Place of Business  
3389 SHERIDAN STREET, #115  
HOLLYWOOD, FL 33021

Mailing Address  
3389 SHERIDAN STREET, #115  
HOLLYWOOD, FL 33021

**11033954**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
**757 SE. 17th St.**

3. Mailing Address  
**757 S.E. 17th St.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**#1055**

**#1055**

City & State

City & State

**Ft. Lauderdale, FL**

**Ft. Lauderdale, FL**

Zip **33316**

Country **Broward**

Zip **33316**

Country **Broward**

4. FEI Number  
**65-1117482**

Applied For  
☐ Not Applicable

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

FILKINS, ERIC CPA  
75 EAST PROSPECT ROAD  
SUITE 9  
FORT LAUDERDALE, FL 33021

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's signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
After May 1, 2003 Fee will be \$650.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE **D** ☐ Delete  
NAME **PECORINO, ANGELA**  
STREET ADDRESS **3389 SHERIDAN STREET, #115**  
CITY-ST-ZIP **HOLLYWOOD, FL 33021**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE ☒ Change ☐ Addition  
NAME **P. Pecorino, Angela**  
STREET ADDRESS **200 Leslie Dr. #226**  
CITY-ST-ZIP **Hallandale Beach, FL 33021**

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address with an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

**4/29/03 954-895-7030**

CR2E034 (10/02)