

FILED Apr 07, 2002 8:00 am

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

YPED OR PRINTED NAME OF SIGNING OFFICER (

Secretary of State P01000080418 DOCUMENT # 03-06-2002 90128 026 ***150.00 1. Enlity Name ASSOCIATES MARKETING, INC. Principal Place of Business Mailing Address 2900 N. DIXIE HIGHWAY 2900-N. DIXIE-HIGHWAY - OUITE - 202 ---CUITE 202-FORT LAUDERDALE FL 32234 -FORT-LAUDERDALE-FL-30034 2. Principal Place of Business 3. Mailing Address 102nd Avenue 5600 N.W. 5600 N.W. 102nd Avenue Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE J City & State City & State 4. FEI Number Applied For Sunrise, Not Applicable Fl. 33351 Sunrise, <u> 33351</u> <u> 65-1131131</u> _Country_ -- Zip . - - -Zip _ Country \$8.75 Additional ت السيحية, S., Certificate of Status Desired Fee Required ₹ U.S.A 33351 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Ronald J. Gress *HUDES:-ROCHELLE--Street Address (P.O. Box Number is Not Acceptable) 5700 CAMINO DEL SOL #405 -BOCA RATON FL 33434 5600 N.W. 102nd Avenue Suite J City Zip.Code Sunrise 33351 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. .al SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. (9/01)TITLE Addition TILLE 💢 Delete STRUM. LAWRENCE M NAME NAME Remove as director & CR2E034 7035-NW-105TH-AVENUE-STREET ADDRESS STREET ADDRESS Officer TAMARAC FL 33321 CITY-ST-ZIP CITY_ST_7IP. ☐ Addition ☐ Change TTOF TITLE Delete HUDES, ROCHELLE NAME Remove as director & NAME 5700 CAMINO DEL SOL, #405 STREET ADDRESS STREET ADDRESS officer BOCA RATON FL 33434 - -- ---CITY-ST-ZIP. CITY-ST-ZIP-Addition TITLE Change TITLE ☐ Delete Ronald J. Gress ________ Side J. Gress ______ Suite J NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Sunrise, Florida 33351 CITY-ST-ZIP Change **Addition** DTLE ☐ Delete TITLE NAME NAMÉ Bernard Goldstein STREET ADDRESS STREET ADDRESS 5600 N.W. 102nd Avenue Suite J CITY-ST-ZIP CITY-ST-ZIP <u>Sunrise, Florida 33351</u> Change ☐ Celete TITLE TITLE NAME NAME Gerlando G. Dinolfo STREET ADDRESS STREET ADDRESS 5600 N.W. 102nd Avenue Suite J CITY-ST-702 CITY-ST-ZIP Sunrise, Florida 33351 ☐ Change TIME ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 in stee 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 a bother like empowered.

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