AMENDED

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

06-30-2002 90230 005 ***** 61.25
P01000080418

FILED
02 JUL -2 PM 3:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B0126346

DOCUMENT # P01000080418

1. Entity Name

ASSOCIATES MARKETING, INC.

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5600 NW 102 AVE	5600 NW 102 AVE
Suite, Apt. #, etc.: SUITE M	Suite, Apt. #, etc.: SUITE M
City & State: SUNRISE, FL	City & State: SUNRISE, FL
Zip: 33351 Country: USA	Zip: 33351 Country: USA

4. FEI Number: 65-1131131 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. **Name and Address of Current Registered Agent**

Name: RONALD J. GRESS

Street Address (P.O. Box Number Is Not Acceptable): 5600 NW 102 AVE SUITE M

City: SUNRISE FL Zip Code: 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.

SIGNATURE: Ronald Gress AMENDED FILING 6-24-02

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) ☐

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	S/T/D	TITLE	
NAME	RONALD J. GRESS	NAME	
STREET ADDRESS	5600 NW 102 AVE, SUITE M	STREET ADDRESS	
CITY-ST-ZIP	SUNRISE, FL 33351	CITY-ST-ZIP	
TITLE	P/D	TITLE	
NAME	BERNARD GOLDSTEIN	NAME	
STREET ADDRESS	5600 NW 102 AVE, SUITE M	STREET ADDRESS	
CITY-ST-ZIP	SUNRISE, FL 33351	CITY-ST-ZIP	
TITLE	V/D	TITLE	
NAME	GERLANDO G. DINOLFO	NAME	
STREET ADDRESS	5600 NW 102 AVE, SUITE M	STREET ADDRESS	
CITY-ST-ZIP	SUNRISE, FL 33351	CITY-ST-ZIP	**DO NOT WRITE**
TITLE		TITLE	**IN THIS SPACE**
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE →	REMOVE AS OFFICER	TITLE	
NAME	LAWRENCE STRUM	NAME	
STREET ADDRESS	7035 NW 105 AVE	STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL 33321	CITY-ST-ZIP	
TITLE →	REMOVE AS OFFICER	TITLE	
NAME	ROCHELLE HUDES	NAME	
STREET ADDRESS	5700 CAMINO DEL SOL #405	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33434	CITY-ST-ZIP	

CR2E034B (12/01)

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: Ronald Gress 6/24/02 954-747-4444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #