2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

May 13, 2002 8:00 am Secretary of State P01000092045 DOCUMENT # 05-13-2002 90036 035 ***158.75 B.B. MARKETING GROUP INC. Principal Place of Business Mailing Address 9751 W SAMPLE RD 9751 W SAMPLE RD CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33065 2. Principal Place of Business 9751 W. Sparke 3. Mailing Address 9751 W. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For Slangi, Fl. *65-113825*0 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 3:306:5 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent JORGE BOLBUENA **BONDY, LUIS** Street Address (P.O. Box Number is Not Acceptable) 9751 W SAMPLE RD W. SAMPle Rd. **CORAL SPRINGS FL 33065** Zip Code ろうらど g8. The above named entit/submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. of registered agent and title if applicable. (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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. TITLE TITLE ☐ Delete JORGE BALBUENA NAME NAME 9751 W. SAMPLE Rd. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition MLE TITLE Change Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED