

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 JUN -7 AM 11:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P 010 000 99244

1. Entity Name

UBUY MARKETING CORPORATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2855 UNIVERSITY DR

Suite, Apt. #, etc.

STE 520

City & State

CORAL SPRINGS FL

Zip

33065

Country

USA

3. Mailing Address

2855 UNIVERSITY DR

Suite, Apt. #, etc.

STE 520

City & State

CORAL SPRINGS FL

Zip

33065

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

MADET, ALISON

Street Address (P.O. Box Number is Not Acceptable)

2855 UNIVERSITY DR

STE 520

City

CORAL SPRINGS

FL

Zip Code

33065

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

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  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
PRES. SEC. TREAS. + DIRECTOR  
ALISON MADET  
2855 UNIVERSITY STE 520  
CORAL SPRINGS FL 33065

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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\*\*\*1650.00 \*\*\*\*150.00

DO NOT WRITE  
IN THIS SPACE

4/6/18

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 recorder 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALISON B. MADET

Date

4/29/02

Daytime Phone #

954.575.7296

CR2E034B (12/01)