

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000114248

FILED  
Jul 19, 2002  
Secretary of State

Entity Name: INTERLINK MARKETING INC.

## Current Principal Place of Business:

10267 NW 46 STREET  
SUNRISE, FL 33351

## New Principal Place of Business:

9409 NW 39 PL  
SUNRISE, FL 33351

## Current Mailing Address:

10267 NW 46 STREET  
SUNRISE, FL 33351

## New Mailing Address:

9409 NW 39 PL  
SUNRISE, FL 33351

FEI Number: 74-3030084

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MORT, SMADAR  
3542 N UNIVERSITY DR  
CORAL SPRINGS, FL 33065 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete  
Name: MORT, SMADAR  
Address: 10267 NW 46 STREET  
City-St-Zip: SUNRISE, FL 33351

Title: CEO ( ) Delete  
Name: MORT, SMADAR  
Address: 10267 NW 46 STREET  
City-St-Zip: SUNRISE, FL 33351

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition  
Name: MORT, SMADAR  
Address: 9409 NW 39 PL  
City-St-Zip: SUNRISE, FL 33351

Title: CEO (X) Change ( ) Addition  
Name: MORT, SMADAR  
Address: 9409 NW 39 PL  
City-St-Zip: SUNRISE, FL 33351

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SMADAR MORT

SM

07/19/2002

Electronic Signature of Signing Officer or Director

Date