

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 11, 2003 8:00 am**  
**Secretary of State**

07-11-2003 90053 010 \*\*\*550.00

0045628 AV

**DOCUMENT # P02000057211**

1. Entity Name

**STEVEN DARREN BUDIN MARKETING, INC.**



Principal Place of Business

**4215 SHERIDAN AVENUE  
SUITE 10  
MIAMI BEACH FL 33139**

Mailing Address

**4215 SHERIDAN AVENUE  
SUITE 10  
MIAMI BEACH FL 33139**

2. Principal Place of Business

3. Mailing Address

**6655 BREVITY LANE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**MIAMI BEACH, FL**

Zip

Country

Zip

Country

**33141**

**DADE**

4. FEI Number

**04-3682267**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**GREENBERG, HARVEY E ESQ.  
4215 SHERIDAN AVENUE  
SUITE 10  
MIAMI BEACH FL 33139**

7. Name and Address of New Registered Agent

Name

**KEITH BENNETT CPA**

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

**8181 WEST BROWARD BLVD STE 255**

City

**PLANTATION**

FL

Zip Code

**33324**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*[Signature]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**7/6/03**

**FILE NOW!!! FEE IS \$550.00**

**After September 10, 2003 Fee will be \$750.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD BUDIN, STEVEN DARREN 4215 SHERIDAN AVENUE SUITE 10 MIAMI BEACH FL 33139</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/7/03**

Date

**305-534-2524**

Daytime Phone #

CR2E034 (4/03)