

FILED  
Feb 19, 2003 8:00 am  
Secretary of State

02-03-2003 90020 034 \*\*\*150.00

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

DOCUMENT # P02000058559

1. Entity Name

MARKETING & ADVERTISING SOLUTIONS, INC.



Principal Place of Business  
901 NW 58TH CT.  
FT. LAUDERDALE FL 33309

Mailing Address  
P. O. BOX 220138  
HOLLYWOOD FL 33022

2. Principal Place of Business

5703 N. Andrews Way

3. Mailing Address

5703 N. Andrews Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT. Lauderdale, FL

City & State

FT. Lauderdale, FL

Zip

33309

Country

USA

Zip

33309

Country

USA

4. FEI Number

30 008 1851

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

WIENER, JEFF

901 NW 58TH CT.

FT. LAUDERDALE FL 33309

7. Name and Address of New Registered Agent

Name

JOE VILLAVICENCIO

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

5703 N. Andrews Way

City

FT. Lauderdale

FL

Zip Code

33309

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

(NOTE: Registered Agent signature required when reinstating)

1/29/03

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
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

TITLE D  
NAME WIENER, JEFF  
STREET ADDRESS 115 LAKE EMERALD DR., #201  
CITY-ST-ZIP FT. LAUDERDALE FL 33309 ☒ Delete

TITLE D  
NAME VILLAVICENCIO, JOE  
STREET ADDRESS 7499 OAKBORO DR.  
CITY-ST-ZIP LAKE WORTH FL 33467 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Vice President/Director  
NAME ED SHEINWALD  
STREET ADDRESS 743-7 NE 12th Avenue  
CITY-ST-ZIP Boynton Beach, FL 33435 ☐ Change ☒ Addition

TITLE President/Director  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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 officers empowered.

SIGNATURE:

SIGNATURE REQUIRED Villavicencio

1/29/03

954-493-9260

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)