

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2001 8:00 am
Secretary of State
 01-29-2001 90145 019 ***150.00

DOCUMENT # P03505

1. Entity Name

PPC MARKETING (USA), INC.

Principal Place of Business

**350 HURST ST
 LUNDEN NJ 07036
 US**

Mailing Address

**P O BOX 394
 RIDGEFIELD PARK NJ 07660
 US**

2. Principal Place of Business

**1271 LA QUINTA DRIVE
 Suite, Apt. #, etc.
 SUITE 2-3**

3. Mailing Address

**1271 LA QUINTA DRIVE
 Suite, Apt. #, etc.
 SUITE 2-3**

City & State

ORLANDO, FL

City & State

ORLANDO

Zip

32809 FL

Country

USA

Zip

32809

Country

USA

4. FEI Number

22-2552563

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**MOTOLAW, INC.
 50 N. LAURE STREET
 SUITE 2750
 JACKSONVILLE FL 32202**

7. Name and Address of New Registered Agent

Name **SAC CRISCUOLO**

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

903 TORREY PINE DRIVE

City

WINTER SPRINGS

FL

Zip Code

32708

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

Sac Criscuolo

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

(NOTE: Registered Agent signature required when reinstating)

1/18/01

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 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	S	<input type="checkbox"/> Delete
NAME	CRISCUOLO, BARBARA	
STREET ADDRESS	137 HUDSON AVENUE	
CITY-ST-ZIP	RIDGEFIELD PARK NJ	
TITLE	P	<input type="checkbox"/> Delete
NAME	CRISCUOLO, SALVATORE	
STREET ADDRESS	137 HUDSON AVENUE	
CITY-ST-ZIP	RIDGEFIELD PARK NJ	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	903 TORREY PINE DR	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	903 TORREY PINE DR	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE:

Sac Criscuolo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/01

Date

607 250 2295

Daytime Phone #

CR2E034 (10/00)