## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000077540

1. Corporation Name

UNLIMITED MARKETING, INC.

## **FILED** Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90028 028 \*\*\*150.00



						HERIO OCH FORM	
Principal Place of Business Mailing Address							
9500 N.W. 77TH AVENUE		9500 N.W. 77TH AVENUE					
MIAMI FL 33016		MIAMI FL 33016			DO NOT WRITE IN THIS SPACE	DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualifed		
					11/09/1993		
2. Principal P	lace of Business	2a. Mailing Address				plied For	
21		26			65-0447533 No	t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired  \$8.75 A		
22		27			5. Certifcate of Status Desired		
City & State		City & State			6. Election Campaign Financing \$5.00		
23		28			Trust Fund Contribution Added t	o Fees	
Zip	Country	Zip	Cour	ntry	8. This corporation owes the current year Intangible	<u> </u>	
24	25	29 30		Personal Property Tax. Yes No		⊔No	
	9. Name and Address of Currer	nt Registered Agent		81 Name	10. Name and Address of New Registered Agent		
ZAM	ORA UBBANO						
	N.W. AFTH AVENUE		82 Street Ad		LUIS SERETX ddress (P.O. Box Number is Not Acceptable)		
	MI FL 33016		}	83			
******	/				500 N.W. 77TH AVE.		
	<i>'</i>		İ	84 City	85) Zip C		
		1 007 4500 Florido Otable		<u>H</u> :	IALEAH GARDENS  d corporation submits this statement for the purpose of changing its		
office or r	egistered agent, or both, in the State	of Florida, Such change was au	thorized	by the cord	poration's board of directors. I hereby accept the appointment as req	gistered	
agent. I a	m familiar with, and accept the obliga	tions of Section 607.0505, Flori	da Statu	tes.		}	
SIGNATURE	0/01	A dille if applicable (NOTE: I	Degistered	Ament cionatura	e required when reinstating) DATE		
Signature, typed or printer hands of registered agent and site if applicable. (NOTE:  12. OFFICERS AND DIRECTORS			13,		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPT	☐ DELETE	1.1 TIT	Æ	Change	Addition	
NAME	SEREIX, LUIS		1.2 NA	ME			
STREET ADDRESS	9500 N.W. 77TH AVENUE		1.3 ST	REET ADDRESS	S	}	
CITY-ST-ZIP	MIAMI FL 33016			Y-ST-ZIP		1	
TITLE	DVPS	☐ DELETE	2.1 TIT		Change	Addition	
NAME	JOSE, GARCIA		2.2 NA	ME			
STREET ADDRESS	9500 N.W. 77TH AVENUE		2.3 ST	REET ADDRESS	s		
CITY-ST-ZIP	MIAMI FL 33016		2.4 CF	Y-ST-ZIP			
TITLE		☐ DELETE	3.1 TIT	E	☐ Change	☐ Addition }	
NAME			3.2 NA	ME:			
STREET ADDRESS			3 3 ST1	REET ADDRESS	s		
CITY-ST-ZIP			3.4. CF	Y-ST-ZIP			
TITLE		☐ OELETE	4.1 TIT	Æ	☐ Change	☐ Addition	
NAME			4. 2 NA	ME			
STREET ADDRESS			4.3 ST	REET ADDRESS	s		
CITY-ST-ZiP			4.4 CIT	Y-ST-ZIP			
TITLE		☐ DELETE	5.1 TIT	LE	Change	Addition	
NAME			5 2 NA	ME		ļ	
STREET ADDRESS				REET ADDRESS	s	1	
CITY-ST-ZIP				Y-ST-ZIP			
TITLE		☐ DELETE	6.1 TIT		Change	☐ Addition	
NAME			6.2 NA				
STREET ADDRESS			6.3 ST	REET ADDRESS	8		

CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

≠iuired SIGNATURE ANALYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR