

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000031524

1. Entity Name

THE MARKETING FIRM INC.

FILED

Jan 26, 2000 8:00 am  
Secretary of State

01-26-2000 90009 050 \*\*\*150.00

Principal Place of Business

Mailing Address

1801 N 41ST AVE  
HOLLYWOOD FL 33021

1801 N 41ST AVE  
HOLLYWOOD FL 33021-4218

2. Principal Place of Business

3. Mailing Address

7252 BALLANTRAE CT

7252 BALLANTRAE CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

BOCA RATON FL

BOCA RATON, FL 33496

Zip

Country

Zip

Country

33496

USA

33496

USA

4. FEI Number

65-0503967

Applied For

Not Applied

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BROWN, LEWIS N  
2 S BISCAYNE BLVD SUITE 1750  
MIAMI FL 33131

Name

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

City

FL

Zip Code

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

*Carole Silver*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/26/00

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MCDEVITT, L A	
STREET ADDRESS	1801 N 41ST AVE	
CITY-ST-ZIP	HOLLYWOOD FL 33021	A
TITLE	PD	<input type="checkbox"/> Delete
NAME	SILVER, CAROLE R	
STREET ADDRESS	7252 BALLANTRAE CT	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE		<input type="checkbox"/> Delete
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Additio
NAME	SILVER, CAROLE R.	
STREET ADDRESS	7252 BALLANTRAE COURT	
CITY-ST-ZIP	BOCA RATON, FL 33496	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Additio
NAME		
STREET ADDRESS		
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #