

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000047766

1. Entity Name

MARKETING GROUP OF AMERICA, INC.

FILED

Jan 29, 2000 8:00 am  
Secretary of State

01-29-2000 90030 022 \*\*\*150.00

Principal Place of Business

Mailing Address

4041 SW 5 TERR  
MIAMI FL 33134  
US

4041 SW 5 TERR  
MIAMI FL 33134-2052  
US

2. Principal Place of Business

3. Mailing Address

6423 Collins Ave

6423 Collins Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

APT 1106

APT 1106, Miami Beach

City & State

City & State

Miami Beach

FL

Zip

Country

Dade

Zip

Country

USA

4. FEI Number 65-0531862

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

MENENDEZ, MAYDA A  
4041 SW 5 TERRAGE  
MIAMI FL 33134

6423 Collins Ave  
APT 1106  
Miami Beach, FL 33141

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

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

(NOTE: Registered Agent signature required when reinstating)

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, 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 ☐ Delete  
NAME P  
STREET ADDRESS MENENDEZ, MAYDA A  
CITY-ST-ZIP 4041 SW 5 TERRAGE 6423 Collins Ave  
MIAMI FL 33134 APT 1106  
Miami Beach  
FL 33141

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/29/00 (305) 993-1852