

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2003 8:00 am
Secretary of State

05-14-2003 90128 042 ***150.00

DOCUMENT # P94000047766

1. Entity Name
MARKETING GROUP OF AMERICA, INC.



Principal Place of Business
6423 COLLINS AVE APT 1106
MIAMI FL 33141
US

Mailing Address
6423 COLLINS AVE APT 1106
MIAMI FL 33141
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0531862

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

7. Name and Address of New Registered Agent

MENENDEZ, MAYDA A
6423 COLLINS AVE
APT 1106
MIAMI FL 33134

Name
EUGENIO MENENDEZ
Street Address (P.O. Box Number is Not Acceptable)
4041 S.W. 5th TERR
City
Miami FL Zip Code
33141

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/27/03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PCALZADILLA
MENENDEZ, MAYDA A
6423 COLLINS AVE APT 1106
MIAMI FL 33141 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V.P.
Eugenio Menendez
4041 S.W. 5th TERR.
Miami, FL 33134 ☐ Delete

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

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☐ 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 other like empowered.

SIGNATURE: *Mayda A. Calzadilla*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/03
Date Daytime Phone #

CR2E034 (10/02)