

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000081535

1. Entity Name

B & B MARKETING NETWORK, INC.

Principal Place of Business

8226 NW SOUTH RIVER DR  
MEDLEY FL 33166  
US

Mailing Address

P.O. BOX 351270  
MIAMI FL 33135  
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

65-0536210

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BLANCO, OMAR  
8226 NW SOUTH RIVER DR  
MEDLEY FL 33166

7. Name and Address of New Registered Agent

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, 2002 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 STPD  
NAME BLANCO, OMAR  
STREET ADDRESS 5165 SW ST  
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE T  
NAME BLANCO, SILVIA  
STREET ADDRESS 5165 SW 5TH ST  
CITY-ST-ZIP MIAMI FL 33134 ☐ Delete

TITLE S  
NAME BLANCO, OMAR JR  
STREET ADDRESS 130 S SHORE DR 3-E  
CITY-ST-ZIP MIAMI FL 33141 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Same ☒ Change ☐ Addition  
NAME Same Address  
STREET ADDRESS 6730 Brookline Dr  
CITY-ST-ZIP Miami, Florida, 33015

TITLE Same ☒ Change ☐ Addition  
NAME Same Address  
STREET ADDRESS 6730 Brookline DR  
CITY-ST-ZIP Miami, Florida, 33015

TITLE Same ☒ Change ☐ Addition  
NAME Same Address  
STREET ADDRESS 6736 Brookline DR  
CITY-ST-ZIP Miami, Florida, 33015

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

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

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 reports 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

Omar Blanco (President)

Date

1/8/02

Daytime Phone

**FILED**  
**Jan 11, 2002 8:00 am**  
**Secretary of State**

01-11-2002 90010 019 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (9/01)