

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

0233778 AV

DOCUMENT # P94000081535

1. Entity Name
B & B MARKETING NETWORK, INC.



04-28-2003 90982 047 ***150.00

Principal Place of Business
**8226 NW SOUTH RIVER DR
MEDLEY FL 33166
US**

Mailing Address
**P.O. BOX 351270
MIAMI FL 33135
US**

11022139



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**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BLANCO, OMAR
8226 NW SOUTH RIVER DR
MEDLEY FL 33166**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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	STPD	<input checked="" type="checkbox"/> Delete
NAME	BLANCO, OMAR	
STREET ADDRESS	6730 BROOKLINE DR	
CITY-ST-ZIP	HIALEAH FL 33015	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	BLANCO, SILVIA	
STREET ADDRESS	6730 BROOKLINE DR	
CITY-ST-ZIP	HIALEAH FL 33015	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	BLANCO, OMAR JR	
STREET ADDRESS	6736 BROOKLINE DR	
CITY-ST-ZIP	HIALEAH FL 33015	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLANCO, OMAR	
STREET ADDRESS	6730 Brookline Drive	
CITY-ST-ZIP	Hialeah, Florida 33015	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLANCO, SILVIA	
STREET ADDRESS	6730 Brookline Drive	
CITY-ST-ZIP	Hialeah, Florida 33015	
TITLE	STPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLANCO, OMAR JR.	
STREET ADDRESS	6736 Brookline Drive	
CITY-ST-ZIP	Hialeah, Florida 33015	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)