

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2000 8:00 am**  
**Secretary of State**  
 04-22-2000 90093 028 \*\*\*150.00

**DOCUMENT # P95000004449**

1. Entity Name

**BRISTOL MARKETING STRATEGIES, INC.**

Principal Place of Business

Mailing Address

~~20 ISLAND AVENUE, UNIT 1217~~  
~~MIAMI BEACH FL 33139~~

~~20 ISLAND AVENUE, UNIT 1217~~  
~~MIAMI BEACH FL 33139-1314~~

2. Principal Place of Business

*2121 N. Bayshore Drive*

3. Mailing Address

*2121 N. Bayshore Drive*

Suite, Apt. #, etc.

*Suite 1201*

Suite, Apt. #, etc.

*Suite 1201*

City & State

*Miami FL*

City & State

*Miami FL*

Zip  
*33137*

Country  
*US*

Zip  
*33137*

Country  
*US*

4. FEI Number

**65-0549877**

Applied For

Not Applicable

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

**BRISTOL, ELLEN**

~~20 ISLAND AVE., SUITE 1217~~  
~~MIAMI BEACH FL 33139~~

Name

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

*2121 N. Bayshore Drive, Suite 1201*

City *Miami*

**FL**

Zip Code  
*33137*

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 NAME STREET ADDRESS CITY-ST-ZIP	PS BRISTOL, ELLEN <del>20 ISLAND AVENUE, UNIT 1217</del> <del>MIAMI BEACH FL 33139</del>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT PERILLARD, MICHAEL L <del>20 ISLAND AVENUE, UNIT 1217</del> <del>MIAMI BEACH FL 33139</del>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>2121 N. Bayshore Drive, Suite 1201</i> <i>Miami, FL 33137</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>2121 N. Bayshore Drive, Suite 1201</i> <i>Miami, FL 33137</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*Ellen Bristol* **Ellen Bristol** President April 13, 2000 305 576 6236

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #