## 2000 UNIFORM BUSINESS REPORT (UBR) **FILED** DOCUMENT # **P95000059462**

Feb 10, 2000 8:00 am Secretary of State

02-10-2000 90059 048 \*\*\*150.00

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-S		•	,					
Applied For Procipal Place of Business  Suite, Apr. 4, etc.  City & State  A FEI Number & 65-068017   Rev Applicable File Required  SA. 75 Additional File Required  SA. 75 Additional File Required  Sa. 75 Additional File Required  City   FL   Zip Code  Sa. Name and Address of Coursett Registered Agent  Name  PSSIANO, ANTOUN  7410 NW 11 CT.  PLANTATION R. 33313  City   FL   Zip Code  S. City   FL	Principal Place	e of Business	Mailing Address					
Suite, April, #, etc.  City & State  City &			•					
Suite, April, #, etc.  City & State  City &		•			]	) (Barran (18 1818) Bros abril 2011 abril 20	(B) 81010 (B) 1011 81 <b>818 S</b>	()) () () () () () () () () () () () ()
Cry & State  Cry & State  Cry & State  Cry & State  Country  A. FEI Number 65-0660317  Acceptable  S. Cortificator of Status Desired  Statu	2. Principal Place of Business 3							
Zip Country Zip Country 5, Certificate of Situs Desired Standard Desired Standard Regulatered Agent 7, Name and Address of New Registered Agent 7, Name 2, Name 1,	Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN TH	HIS SPACE	
S. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  PESTAND, ANTOLIN 7410 NW 11 CT. PLANTATION FL 33313  City  FL  Zip Code  Code  City  FL  Zip Code  Code  City  FL  Zip Code  Code  Code  City  FL  Zip Code  Code  Code  Code  City  FL  Zip Code	City & State		City & State		4. F	El Number 65-0660317	—— <del>—</del> ———	
PESTANO, ANTOLIN 7410 NW 11 CT. PLANTATION F1 33313  City FL Zip Code  6. The above named antity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Frontida.  SIGNATURE Spatial, typed or aimen rane or ingerence agent will the * appreciable*  9. This composation is eligible to eatilety its Intrangible Tax killing requirement and elects to do so.  Make MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State  9. This composation is eligible to eatilety its Intrangible Tax killing requirement and elects to do so.  OFFICERS AND DIRECTORS  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TILE NAME SIREE AUGRESS  OTT-51-2P  TILE NAME SIRE AUGRESS  OTT-51-2P  TILE NAME SIREE AUGRESS  OTT-51-2P  TILE N	Zip		<u> </u>	Country			Fee Require	
PESTANO, ANTOLIN 7410 NW 11 CT. PLANTATION FL 33313  City FL Zip Code  6. 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  Synatium, typed or private rane of replaced agent and the Flagstased. (NOTE Registered Agent signature received agent, or both, in the State of Florida.  SIGNATURE  Synatium, typed or private rane of replaced agent and the Flagstased. (NOTE Registered Agent signature received agent, or both, in the State of Florida.  SIGNATURE  Synatium, typed or private rane of replaced agent and the Flagstased. (NOTE Registered Agent signature received agent, or both, in the State of Florida.  SIGNATURE  Synatium, typed or private rane of replaced agent and the Flagstased. (NOTE Registered Agent signature received agent, or both, in the State of Florida.  SIGNATURE  Synatium, typed or private rane of replaced agent and the Flagstased. (NOTE Registered Agent signature received agent, or both, in the State of Florida.  SIGNATURE  Synatium, typed or private rane of replaced agent and the Flagstased. (NOTE Registered Agent signature received agent, or both, in the State of Florida.  SIGNATURE  Synatium typed or private rane of replaced agent and the Flagstased. (NOTE Registered Agent signature received agent, or both, in the State of Florida.  10 Electron Campaign Financing Trust Fund Contribution. (Part of Florida.)  11 Electron Campaign Financing Trust Fund Contribution. (Part of Florida.)  12 Addition NAME SIRRET AUDRESS CITY-51-2P  TITLE  MARK SIRRET AUDRESS CITY-51-2P  TITLE NAME SI		6. Name and Address of Current	Registered Agent	Nama	7. N	lame and Address of New Register	ed Agent .	
TA10 NW 11 CT. PLANTATION PL 33313  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered effice or registered agent, or both, in the State of Florida.  SIGNATURE  9. This corporation is eligible to satisfy its Intangible Taylor (See criteria on Dack)  9. This corporation is eligible to satisfy its Intangible Taylor (See criteria on Dack)  9. This corporation is eligible to satisfy its Intangible Taylor (See criteria on Dack)  9. This corporation is eligible to assistly its Intangible Taylor (See criteria on Dack)  9. This corporation is eligible to assistly its Intangible Taylor (See criteria on Dack)  9. This corporation is eligible to assistly its Intangible Taylor (See criteria on Dack)  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  THE DOSADA, RAFAEL STREET ADDRESS OUT-95-2P  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  THE SHADOW WAY STREET ADDRESS OUT-95-2P  THE NAME  STREET ADDRESS OUT-	DECTANO ANTOLIN				,, , , , , , , , , , , , , , , , , , , ,			
PLANTATION FL 33313  City FL Zip Code  City FL Zip Code  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, Spend or printer name of impaining agent and bler a poticiable.  9. This corporation is eligible to settly its Intangible Tax filling requirement and elects to do so.  (See criteria on back)  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, Spend or printer name of impaining agent and bler a applicable.  P. This corporation is eligible to settly its Intangible Tax filling requirement and elects to do so.  (See criteria on back)  The MARK MAY 1, 2000 Fee will be \$550.00  Make Check Payable to Department of State  NAME  THE  NAME  THE  NAME  THE  NAME  THE  NAME  STREET ADDRESS  CITY-S1-ZP  THE  NAME  SIREET AD					dress (P.O. Bo	ox Number is Not Acceptable)		ļ
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  Signatur, speak or prired name of registered depth and title if applicable.  9. This corporation is eligible to satisfy its intangible Tax filing requirement, and elects to do so.  (See criteria on back)  Deficients And DIRECTORS  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  NAME  POSADA, PAFAEL  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  NAME  SIRET ADDRESS  CITY-51-2P  MIAMI FL* 33166  TITLE  NAME  SIRET ADDRESS  CITY-51-2P  TITLE  Delete  TITLE  NAME  SIRET ADDRESS  CITY-51-2P  TITLE  Delete  TITLE  NAME  SIRET ADDRESS  CITY-51-2P  TITLE  CITY-51-2P			***					
SIGNATURE    Signature, typad or printed name of regulared agent and 15 e it application. (NOTE: Registered Agent signature received when reintenting)   DATE		<u>-</u> .		City			Zip Cod	le
SIGNATURE  9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criterion to back)  11. OFFICERS AND DIRECTORS (See criterion to back)  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITIE NAME STREET ADDRESS CITY-51-2P  TITLE STREET ADDRESS CITY-51-2P  TI	8. The above	named entity submits this statement for	or the purpose of changing it	s registered office or r	egistered age	ent, or both, in the State of Florida.		
Tax filing requirement and elects to do so. (See criteria on back)   Make Check Payable to Department of State   Times Fund Contribution.   Added to Pees Pees Added to Pees Pees Pees Pees Pees Pees Pees Pee	SIGNATURE _	Signature, typed or printed name of registered agent			required when re	instating) DA	TE	
17.	Tax filing requirement and elects to do so.		After MAY 1, 20	000 Fee will be \$55	0.00			
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13. Thereby 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		postification information according to the	h this filling does not explify to		d in Section :	119 07(3)(i) Florido Statutos I furthos	certify that the i	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.

PC MARKETING, CORP.