

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2002 8:00 am**  
**Secretary of State**

04-10-2002 90437 020 \*\*\*150.00

**DOCUMENT # P95000067692**

**1. Entity Name**  
**SOUTH FLORIDA SALES & MARKETING CORP**

**Principal Place of Business**  
P.O. BOX 8413  
CORAL SPRINGS FL 33075  
US

**Mailing Address**  
P.O. BOX 8413  
CORAL SPRINGS FL 33075

**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** 65-0608900

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**

**MELTZER, HERBERT**  
**3631 TURTLE RUN BLVD**  
**#717**  
**CORAL SPRINGS FL 33067**

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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** ☐ Delete  
**NAME** P  
**STREET ADDRESS** MELTZER, HERBERT  
**CITY-ST-ZIP** 3631 TURTLE RUN BLVD  
CORAL SPRINGS FL 33067

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

**TITLE** ☐ Delete  
**NAME** V  
**STREET ADDRESS** STERLING, BARBARA  
**CITY-ST-ZIP** 11340 HERON BAY BLVD #2524  
CORAL SPRINGS FL 33076

**TITLE** ☒ Change ☐ Addition  
**NAME** 6782 N.W. 108 Ave.  
**STREET ADDRESS** PARKLAND FL 33076  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME** TS  
**STREET ADDRESS** MELTZER, SYLVIA  
**CITY-ST-ZIP** 3631 TURTLE RUN BLVD  
CORAL SPRINGS FL 33067

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

**TITLE** ☐ Delete  
**NAME** D  
**STREET ADDRESS** STERLING, DORAN  
**CITY-ST-ZIP** 11340 HERON BAY BLVD #2524  
CORAL SPRINGS FL 33076

**TITLE** ☒ Change ☐ Addition  
**NAME** 6782 N.W. 108 Ave.  
**STREET ADDRESS** PARKLAND FL 33076  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
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**TITLE** ☐ Delete  
**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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)