

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000097859

1. Entity Name

PROFITS IN MARKETING, INC.

Principal Place of Business

1221 BRICKELL AVE.  
SUITE 900  
MIAMI FL 33131

Mailing Address

1221 BRICKELL AVE.  
SUITE 900  
MIAMI FL 33131-3258

2. Principal Place of Business

2145 S.W. 11<sup>TH</sup> Terrace

3. Mailing Address

2145 S.W. 11<sup>TH</sup> Terrace

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Miami, Florida

4. FEI Number

65-0642797

Applied For

Not Applicable

Zip

33135

Country

USA

Zip

33135

Country

USA

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

PEREZ, JOAQUIN  
1221 BRICKELL AVE.  
SUITE 900  
MIAMI FL 33131

Name

PEREZ, JOAQUIN

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

2145 S.W. 11<sup>TH</sup> Terrace

City

Miami

FL

Zip Code

33135

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 PVST ☒ Delete  
NAME PEREZ, JOAQUIN  
STREET ADDRESS 1221 BRICKELL AVE, SUITE 900  
CITY-ST-ZIP MIAMI FL 33131

TITLE PVST ☒ Change ☐ Addition  
NAME PEREZ, JOAQUIN  
STREET ADDRESS 2145 S.W. 11<sup>TH</sup> Terrace  
CITY-ST-ZIP MIAMI, FL 33135

TITLE D ☒ Delete  
NAME PEREZ, JOAQUIN  
STREET ADDRESS 1221 BRICKELL AVE, SUITE 900  
CITY-ST-ZIP MIAMI FL 33131

TITLE D ☒ Change ☐ Addition  
NAME PEREZ, JOAQUIN  
STREET ADDRESS 2145 S.W. 11<sup>TH</sup> Terrace  
CITY-ST-ZIP MIAMI, FL 33135

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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 #

4/24/00 (305) 649-4533

CR2E034 (9/99)