

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000013292

1. Entity Name

SUCCESS MARKETING AND BUSINESS CONSULTING, INC.

**FILED**  
**Apr 13, 2000 8:00 am**  
**Secretary of State**

04-13-2000 90035 009 \*\*\*150.00

Principal Place of Business

Mailing Address

19 W FLAGLER STREET  
#217  
MIAMI FL 33130

19 W FLAGLER STREET  
#217  
MIAMI FL 33130-4407



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

19 W. FLAGLER ST #906

3. Mailing Address

19 W. FLAGLER ST #906

Suite, Apt. #, etc.

SUITE 906

Suite, Apt. #, etc.

SUITE 906

City & State

MIAMI

City & State

FL

4. FEI Number

65-0514520

Applied For

Not Applicable

Zip

33138

Country

USA

Zip

33138

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

POST, ZEIDA  
2160 SW 20 STREET  
MIAMI FL 33145

Name

ZEIDA POST

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

8501 N BAYSHORE DRIVE

City

MIAMI

FL

Zip Code

33138

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 P ☐ Delete  
NAME ZEIDA, POST  
STREET ADDRESS 19 W FLAGLER STREET #217  
CITY-ST-ZIP MIAMI FL 33130

TITLE ZEIDA POST ☒ Change ☐ Addition  
NAME 19 W. FLAGLER ST (PRESIDENT.)  
STREET ADDRESS SUITE 906  
CITY-ST-ZIP MIAMI FL 33130

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

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

3/30/2000

Date

305 377-8009

Daytime Phone #

CR2E034 (9/99)